



CITY OF COLORADO SPRINGS
FIRE BOARD OF APPEALS MEETING **AGENDA**
PIKES PEAK REGIONAL BUILDING DEPARTMENT
2880 INTERNATIONAL CIRCLE
SEPTEMBER 13, 2019 – 8:30 A.M. to 10:00 A.M.

CALL TO ORDER

ADMINISTRATIVE

1. Review

- A. July 12, 2019's Amended Fire Board of Appeals Meeting Minutes
- B. August 9, 2019's Fire Board of Appeals Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor A

- i. Business Name: Orr Protection Systems, Inc.
Principal Officers: Clark Orr, Jr., Chairman
Raymond Aldridge, CEO/President
Licensee: Charles W. Monk, Jr.
RME: Roy E. Vaughn, Sr.

B. Fire Alarm Contractor B

- i. Business Name: Blaze Fire Safety LLC
Owners: Daniel Black
Kamira Black
Licensee: Daniel C. Black
RME: Daniel C. Black
- ii. Business Name: Dynalectric Company
Principal Officers: Gina Maria Cullen, CEO/President
Leonid Shkolnik, DFO/Assistant Secretary
Licensee: Gina Maria Cullen
RME: Casey J. Curtin
- iii. Business Name: Foster Electric Corporation
Principal Officer: Bradley Foster, President
Licensee: Shaun R. Kalbfliesh
RME: Shaun R. Kalbfliesh

C. Fire Suppression Contractor B

- i. Business Name: Orr Protection Systems, Inc.
Principal Officers: Clark Orr, Jr., Chairman
Raymond Aldridge, CEO/President
Licensee: Charles W. Monk, Jr.
RME: Roy E. Vaughn, Sr.

D. Fire Suppression Contractor C

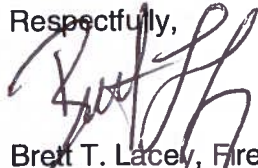
i. Business Name: Blaze Fire Safety LLC
Owners: Daniel Black
Kamira Black
Licensee: Daniel C. Black
RME: Daniel C. Black

E. Fire Suppression Contractor H

i. Business Name: Blaze Fire Safety LLC
Owners: Daniel Black
Kamira Black
Licensee: Daniel C. Black
RME: Daniel C. Black

ADJOURN

Respectfully,



Brett T. Lacey, Fire Marshal
Secretary to Fire Board of Appeals

SE 8-28-2019 sent to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: ORR PROTECTION SYSTEMS, INC.

PRINCIPAL: RAYMOND ALDRIDGE

LICENSE HOLDER: CHARLES MONK

RME: ROY VAUGHN

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/30/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	08/28/2018
CRIMINAL BACKGROUND CHECK	SABRINA	08/28/2019
SENT TO FIRE	SABRINA	08/28/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/30/19

COMMENTS:

NEW

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor/Dealer – C

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – H

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

Fire Alarm Contractors – A

- ☒ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

Fire Alarm Contractors – B

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A ☐ FAC-B

RBD USE ONLY

Date 8-27-20P

Initial SA

Receipt # 1625563

RBD #

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: ORR Protection Systems, Inc.

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 61-1011484

Business Address: 11601 Interchange Drive

Street Address

Apartment/Unit #

Louisville

KY

40229

City

State

ZIP Code

Business Phone: 502-882-6875

Business Email: licensing@orrprotection.com

Business Fax: 502-244-4554

Business Website: orrprotection.com

Company's Principal Officers, Partners, or Owners

Name: Clark Orr, Jr.

Title: Chairman

Name: Raymond Aldridge

Title: CEO / President

1. Number of years company has operated as a contractor? (If new, write "new") New in Colorado - 45 years in industry

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

State of Colorado - Electrical 0101561	Boulder Electrical LIC-00992637
State of Colorado - Master Electrician 0030049	Broomfield Electrical OL-20-10289
City & County of Denver - Electrical LIC00248716	Longmont Electrical E01005928
City & County of Denver - Fire Pro C - Pending	Westminster Class C Electrician 1902428

7

6

Responsible Managing Employee (RME) Information

Legal Name: Vaughn Sr. Roy E.
Last First

Date of Birth: 12-10-49 Social Security Number: [REDACTED]

Address: 16412 Sky Blue Avenue
Street Address
Louisville KY 40258
City State ZIP Code

Phone: 502- Fax: 502-244-4554 Email: Rvaughn@orrprotection.com

- What is your area of expertise in the industry? _____
- How long have you worked in the industry? 40+ years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
<u>72772 Fire Alarm / Special Hazards</u>	<u>Level IV</u>	<u>12-1-2020</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
<u>ORR Protection Systems</u>	<u>Senior Designer</u>	<u>9-25-1978</u>	<u>Current</u>

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Roy E. Vaughn, Sr. Senior Designer

Signature of (RME): Roy E. Vaughn Sr. Date: 6-14-19

Licensee Information

Legal Name: Monk, Jr. Charles W.
Last First M.I.

Date of Birth: 03/07/1956 Social Security Number: [REDACTED]

Address: 4032 N. Stampede Drive
Street Address Apartment/Unit #
Castle Rock CO 80104
City State ZIP Code

Phone: 720-682-8258 Fax: N/A Email: cmonk@orrproteccion.com

- What is your area of expertise in the industry? Master Electrician, Fire Alarm Installation, Special Hazard Installation
- How long have you worked in the industry? 35 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Manager (Qualifying Party)
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

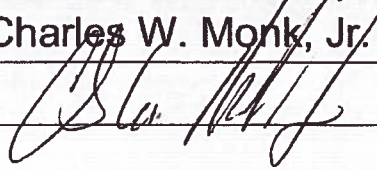
NICET #	NICET Level	Expires
P.E. #	Issued	Expires
Electrical Contractor 0101561	09/30/2017	09/30/2020
D.O.T. #	Issued	Expires
Master Electrician 0030049	09/30/2017	09/30/2020

Work History

Company	Position	To	From
Phoenix Fire Systems, Inc.	Manager	May 2019	June 2008
Rio West Development	Partner	November 2008	February 2005
EMI	Sales Engineer	February 2005	August 2003

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Charles W. Monk, Jr. - Manager (Qualifying Party)

Signature of (Licensee):  Date: 6/9/19



June 11, 2019

PIKES PEAK REGIONAL BUILDING DEPARTMENT
2880 International Circle
Colorado Springs, CO 80910

RE: RESPONSIBLE MANAGING EMPLOYEE

To Whom It My Concern:

This letter is to inform all concerned that *Roy E. Vaughn, Sr.*, as Responsible Managing Employee (RME), is a full-time, exclusive employee of **ORR PROTECTION SYSTEMS, INC.** for this application and will represent and warrant that he is acting in the capacity of agent for the company and accepts the responsibility and the company's actions and his actions for any registration granted with this application.

ORR PROTECTION SYSTEMS, INC.

6-14-19

Authorized Signature

Dated

Ray Aldridge
Print Name and Title

President/CEO





NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Roy E. Vaughn, Sr.

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

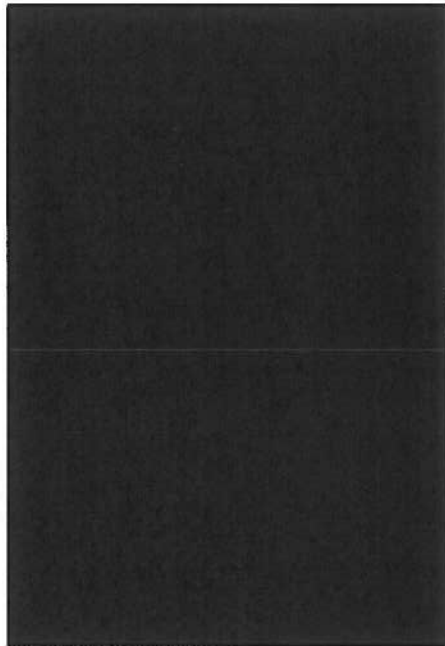
Certification Valid through December 1, 2020

CERTIFICATION NUMBER 72772

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

Vaughn, Roy E.



Client#: 810583

64ORRSF

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 2600 Eastpoint Parkway Louisville, KY 40223 502 489-5900	CONTACT NAME: PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 881-2185 E-MAIL ADDRESS: CHovekamp@McGriffInsurance.com														
INSURED Orr Safety Corporation Orr Protection Systems, Inc. P.O. Box 198029 Louisville, KY 40259-8029	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company of IL</td> <td>27855</td> </tr> <tr> <td>INSURER B : National Surety Corporation</td> <td>21881</td> </tr> <tr> <td>INSURER C : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER D : Houston Casualty Company</td> <td>42374</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company of IL	27855	INSURER B : National Surety Corporation	21881	INSURER C : American Zurich Insurance Company	40142	INSURER D : Houston Casualty Company	42374	INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		GLO038143104	07/01/2019	07/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP038143204	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		SUO00049128515	07/01/2019	07/01/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC038143004	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liability		HCC1966846	07/01/2019	07/01/2020	\$5,000,000 Limit \$35,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Orr Protection Systems, Inc

is an entity formed or registered under the law of Kentucky has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20061165415 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 05/28/2019 that have been posted, and by documents delivered to this office
electronically through 05/29/2019 @ 15:45:34 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 05/29/2019 @ 15:45:34 in accordance with applicable law.
This certificate is assigned Confirmation Number 11601567 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

8/27/2019 3:33:26 PM

(SABRINA)

Receipt #: 1625563

Customer: ORR PROTECTION SYSTEMS, INC

Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00

Total Due: \$100.00

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	724652	\$100.00

Total Tendered: \$100.00

Comment:

I agree to pay above total amount according to card issuer agreement.

14

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1550 Marlborough Ave. Riverside, CA 92507

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$252,223 Date: May 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm & Fire Suppression Systems in Expansion Building

2. Project Street Address: 2801 Warner Ave. Irvine, CA 92606

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$46,725 Date: June 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm System to upgrade existing system

3. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$118,750 Date: Mar 2018 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm & CO2 System for combustion turbine.

4. Project Street Address: 111 Peters Canyon Rd. Irvine CA 92606

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$466,214 Date: Feb 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System

5. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$257,400 Date: Dec 2019 Your position: Contractor

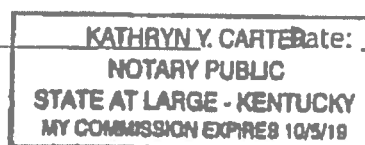
Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System CO2 in two combustion turbines

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Ray Aldridge

Signature: _____

Ray Aldridge



SE 8-28-2019 sent to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: BLAZE FIRE SAFETY

PRINCIPAL: DANIEL BLACK

LICENSE HOLDER: DANIEL BLACK

RME: DANIEL BLACK

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/29/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	08/28/2018
CRIMINAL BACKGROUND CHECK	SABRINA	08/28/2019
SENT TO FIRE	SABRINA	08/28/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/29/19

COMMENTS:

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor/Dealer – C

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – H

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

Fire Alarm Contractors – A

- ☐ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Alarm Contractors – B

- ☒ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 8-27-2019
Initial EB
Receipt # 1625551
RBD # _____

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A ☒ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Blaze Fire Safety

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 84-2745900

Business Address: PO Box 143

Street Address

Apartment/Unit #

Peyton

Co

80831-0143

City

State

ZIP Code

Business Phone: 719-352-1161

Business Email: dblack@blazefiresafety.com

Business Fax: _____

Business Website: blazefiresafety.com

Company's Principal Officers, Partners, or Owners

Name: Daniel Black

Title: owner

Name: Kamira Black

Title: owner

1. Number of years company has operated as a contractor? (If new, write "new") new

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: this company has no work history. Sangre De Cristo School District.
Type of work (check one) ☐ Residential ☒ Commercial 8751 Lane 7 North
Cost: 1500.- Date: July/2019 Your position: Service Manager
Describe Job in detail: Pueblo West Gardens Conducted Smoke detector sens. Test.
2. Project Street Address: Pueblo West Gardens 960 E. Saxony DR
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 2000.- Date: Jan/2019 Your position: Service Manager
Describe Job in detail: Assisted with Annual Fire & Fire Sprinkler Inspection.
3. Project Street Address: Classical Academy North 975 Stout Rd
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 1500.- Date: July/2019 Your position: Service Manager
Describe Job in detail: Assisted with Alarm/Sprinkler/Pump Annual Inspection.
4. Project Street Address: Skywest Airlines - Aviation Way
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 8000.- Date: June/2018 Your position: Service Manager
Describe Job in detail: Assisted with Annual Fire Alarm/Sprinkler/Pump Inspection.
5. Project Street Address: Oakshire Gardens 2400 Oakshire Ln
Type of work (check one) ☐ Residential ☒ Commercial
Cost: 1700.- Date: Jun/2019 Your position: Service Manager
Describe Job in detail: Assisted with Annual Fire Alarm/Sprinkler Inspection.

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Daniel Black owner

Signature: Daniel Black

Date: 8.27.19

Responsible Managing Employee (RME) Information

Legal Name: Black Daniel C
Last First M.I.

Date of Birth: 12/20/1971 Social Security Number: [REDACTED]

Address: 11335 Arshad Dr
Street Address Apartment/Unit #

Calhan Co 80808
City State ZIP Code

Phone: 719-352-1161 Fax: _____ Email: dblack@blazefiresafety.com

1. What is your area of expertise in the industry? extinguishers/alarms/sprinklers/hydrants.

2. How long have you worked in the industry? 20 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
114691	III water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Courtesy Fire Extinguisher	Service Technician	Feb 2004	Apr 2000 Nov 2010
Cintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Cintas Fire Protection	Service Manager	Apr 2014 Aug 2019	Apr 2013

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Daniel Black Owner

Signature of (RME): [Signature] Date: 8.27.19

Licensee Information

Legal Name: Black Daniel C
Last First M.I.

Date of Birth: 12/20/1971 Social Security Number: [REDACTED]

Address: 11335 Arshad Dr
Street Address

Calhan Co 80808
City State ZIP Code

Phone: 719-352-1161 Fax: Email: dblack@blazefiresafety.com

1. What is your area of expertise in the industry? extinguishers/alarms/sprinklers/hydrants.
2. How long have you worked in the industry? 20 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
11461	III Water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Courtesy Fire Extinguish	Service Technician	Feb 2004	Nov 2000
Cintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Cintas Fire Protection	Service Manager	Apr 2013 Aug 2019	Aug 2019 Apr 2013

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Daniel Black owner

Signature of (Licensee):  Date: 8.27.19 **23**



Continued

SA21383

Expires: 2/21 RAFE2
12/19 CTH

Daniel Black
Cintas Fire Protection

CSA

FIRE PROTECTION
CONTRACTOR

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Alarm Installer

Expires: 31-Oct-2019

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Installer

Expires: 28-Feb-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Hydrant Technician

Expires: 31-Jan-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression B Technician

Expires: 31-Mar-2020

NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®

Daniel C Black

FIRE ALARM SYSTEMS/II
INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III



CERT NO. 114691 VALID THRU 10/01/2020



AMERICAN BACKFLOW PREVENTION ASSOCIATION

10/27/2018

6-305

10/27/2021

Backflow Prevention Assembly Tester

Daniel Black

11335 Arshad Dr
Calhan, CO 80808

Michael C. Allen

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808.

719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 – AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 – APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 – FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

Blaze Fire Safety LLC
PO Box 143
Peyton Co 80831-0143
719-600-7849

To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner

Daniel Black 8.27.19

K 8-27-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	CONTACT NAME: American Family Insurance - Business Insurance
	PHONE (A/C, No, Ext): 866-908-0626 FAX (A/C, No):
	E-MAIL ADDRESS: service@amfambusinessinsurance.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Midvale Indemnity Company 27138
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 1419494024369216483160901** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	GLP1053929	09/01/2019	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
							PRODUCTS - COM/OP AGG \$4,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					E.L. EACH ACCIDENT
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Inspection and Appraisal Services

CERTIFICATE HOLDER

BLAZE FIRE SAFETY LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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COLORADO
Department of
Labor and Employment
Division of Workers' Compensation

Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as corporate officers, members of an LLC who are also at least 10% owners of the business and participate in the daily operations and/or management of the business.

Disclaimer

The information provided here is from data submitted to the Colorado Division of Workers' Compensation (DOWC). There may be errors and/or discrepancies with this information due to causes outside the control of the DOWC. Therefore, DOWC does not guarantee the accuracy of this information. If your search does not produce a result, this does not necessarily mean that a rejection of coverage has not been filed. Rejection forms received by DOWC become effective the day after all required information is received, but processing may take several days. For additional information or assistance with verifying rejection of Workers' Compensation coverage, please contact Customer Service at (303) 310-6700 in the metro area or 855-390-7936.

Search Terms

Enter a full or partial legal name or trade name of the business you are seeking in the appropriate box below.

Business Legal Name	<input type="text" value="Blaze fire safety"/>	<input type="button" value="Search"/>
Business Trade Name	<input type="text"/>	<input type="button" value="Clear"/>

Selected Employers - Click on the Blue Triangle to See Search Results

Business Legal Name	Business Trade Name
Blaze Fire Safety LLC	

Last Name	First Name	Middle Name	Date Rejection Rec'd	Date Rescind Rec'd
Black	Kamira	Dawn	8/22/2019	
Black	Daniel	Carlton	8/22/2019	

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/blz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Daniel C Black

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 114691

CHAIRMAN OF THE NICET BOARD OF GOVERNORS




A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	X 3 APP FE	\$150.00

Total Due: \$150.00

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	724641	\$150.00

Total Tendered: \$150.00

Comment: DANIEL BLACK

I agree to pay above total amount according to card issuer agreement.

32



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: DYNALECTRIC COMPANY

PRINCIPAL: CULLEN,GINA - PRES & CEO

LICENSE HOLDER: GINA CULLEN

RME: CASEY CURTIN

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/14/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA E	8/01/2019
CRIMINAL BACKGROUND CHECK	SABRINA E	8/01/2019
SENT TO FIRE	SABRINA E	8/01/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/14/19

COMMENTS:

COMPANY CHANGES EXAMINEE # 7607

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springgov.com

Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
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Fire Suppression Contractor/Dealer – C

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- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
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Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

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- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
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Fire Suppression Contractor – M

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- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – H

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Fire Alarm Contractors – A

- ☐ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Alarm Contractors – B

- ☒ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation of minimum 5 years work experience.

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A ☒ FAC-B

RBD USE ONLY

Date 8-1-2019

Initial SE

Receipt # 1618851

RBD # 7607

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Dynalectric Company

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 52-0973205

Business Address: 345 Sheridan Blvd.

Street Address

Apartment / Unit #

Lakewood

CO

80226

City

State

ZIP Code

Business Phone: 303-233-4488

Business Email: dyna-co@emcor.net

Business Fax: 303-232-4080

Business Website: www.dyna-co.com

Company's Principal Officers, Partners, or Owners

Name: Gina Maria Cullen

Title: President & CEO

Name: Leonid Shkolnik

Title: CFO & Assistant Secretary

1. Number of years company has operated as a contractor? (If new, write "new") 68

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☒ Yes ☐ No If yes, Explain See Attachment DYNCO Claims.

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

City of Aurora, Fire Alarm, 2018 1553289 00 CL

City of Boulder, ROW, LIC-0001035-ROW

City of Centennial, Contractor, CL-08714

City of Denver, Electrical, LIC6369

City of Englewood, R01 Electrical, 5612

City of Broomfield, Elec., OL-20-07553

City of Ft. Collins, Fire Alarm, AS-3880

City of Littleton, Electrical, E00271

Copies of all other licenses held by Company attached.

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1021 N. Cascade Ave., Colorado Springs, CO 80903

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 4,080,080 Date: 8/2017 Your position: Electrical Contractor

Describe Job in detail: Added 39,000 SF to the library and demolition of the 1980 Tutt South addition; added a 9,700 SF fourth level to the original library.

2. Project Street Address: 305 Rockrimmon Blvd S, Colorado Springs, CO 80919

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 894,401 Date: 2/2018 Your position: Electrical Contractor

Describe Job in detail: Core Site infrastructure upgrade; demolition and replacement of RTU

3. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1,361,703 Date: 11/2016 Your position: Electrical Contractor

Describe Job in detail: 1.0MW IT Power, 6.0MW Site Load, Design Build electrical distribution switchgear, lighting. low voltage power fit up.

4. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 3,994,229 Date: 9/2015 Your position: Electrical Contractor

Describe Job in detail: Electrical SOW and gear on a Data Center

5. Project Street Address: 3233 Janitell Road, Colorado Springs, CO 80906 & 2345 Windswept View, Colorado Springs, CO 80921

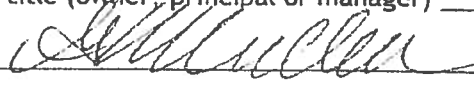
Type of work (check one) ☐ Residential ☒ Commercial

Cost: 15,466,720 Date: 9/2018 Your position: Electrical Contractor

Describe Job in detail: New 40,000SF, 2MW data center and 60,000SF, 4MW data center

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Gina Maria Cullen, President & CEO

Signature: 

Date: 7/25/2019

Responsible Managing Employee (RME) Information

Legal Name: Curtin Casey J
Last First M.I.

Date of Birth: 8/27/1975 Social Security Number: XXXXXXXXXX

Address: 345 Sheridan Blvd.
Street Address Apartment/Unit #
Lakewood CO 80226
City State ZIP Code

Phone: 303-598-3168 Fax: _____ Email: ccurtin@emcor.net

1. What is your area of expertise in the industry? Electrical and Fire Alarm
2. How long have you worked in the industry? 18 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) General Superintendent
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications


NICET #	NICET Level	Expires
116258	Level 2	4/01/2021
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Dynaletric	General Superintendent	Present	1/2016
Dynaletric	GF/Foreman/Journeym.	1/2016	10/2003

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Casey J. Curtin General Superintendent

Signature of (RME):  Date: 7/18/2019

Digitally signed by Casey J. Curtin
 DN: c.us, email=ccurtin@emcor.net, o=Dynaletric, ou=Dynaletric, cn=Casey J. Curtin
 Reason: I am the author of this document
 Date: 2019.07.18 15:51:41 -0600

Licensee Information

Legal Name: Cullen Gina Maria
Last First M.I.

Date of Birth: 08/27/1967 Social Security Number: [REDACTED]

Address: 345 Sheridan Blvd.
Street Address

Lakewood CO 80226
City State ZIP Code

Phone: 303-205-5565 Fax: 303-232-4080 Email: gmcullen@emcor.net

1. What is your area of expertise in the industry? Electrical construction
2. How long have you worked in the industry? 31 Years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Officer
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Dynaletric	President & CEO	Present	March 2018
Dynaletric	Executive Vice President	March 2018	August 2008
Dynaletric	Various Positions	August 2008	January 1992

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Gina Maria Cullen, President & CEO

Signature of (Licensee): _____ Date: 7/25/2019



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Providing Certification Programs Since 1961



Approval Letter

Name: Casey J Curtin
Date of Award: March 15, 2018
Certification Number: 116258
Certification Expire Date: 04/01/2021

It is my pleasure to inform you that recertification has been granted as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

You will find your new wallet card attached to the bottom of this letter. Also enclosed with this letter is your new certificate. Your new three-year period of certification is printed on both your wallet card and your certificate. You will need to accumulate another 90 continuing professional development points to continue your certification beyond this new expiration date.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours, _____

Michael A. Clark
Chief Operating Executive

remove card slowly



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Casey J Curtin

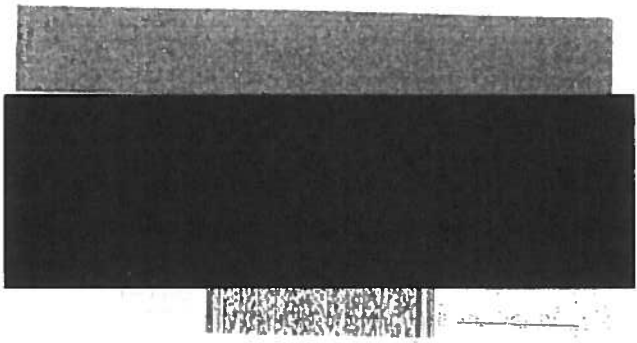
FIRE ALARM SYSTEMS/II

Casey J Curtin
14941 Hanover St
Brighton, CO 80602

CERT NO. 116258 VALID THRU 04/01/2021

DL 

DRIVER LICENSE





COLORADO

Department of
Regulatory Agencies

Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
Electrical Board		Electrical Board	
Gina Maria Cullen		Gina Maria Cullen	
Master Electrician		Master Electrician	
ME 0600376	10/01/2017	ME 0600376	10/01/2017
Number	Issue Date	Number	Issue Date
Active	09/30/2020	Active	09/30/2020
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: www.colorado.gov/dora/dpo		Verify this credential at: www.colorado.gov/dora/dpo	
			
Division Director: Ronne Hines	Credential Holder Signature	Division Director: Ronne Hines	Credential Holder Signature



COLORADO

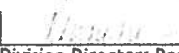
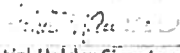
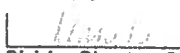
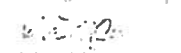
Department of
Regulatory Agencies

Division of Professions and Occupations

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Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
Electrical Board Dynalectric Company		Electrical Board Dynalectric Company	
Electrical Contractor		Electrical Contractor	
EC.0000019	10/01/2017	EC.0000019	10/01/2017
Number	Issue Date	Number	Issue Date
Active	09/30/2020	Active	09/30/2020
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: www.colorado.gov/dora/dpo		Verify this credential at: www.colorado.gov/dora/dpo	
			
Division Director: Ronne Hines Credential Holder Signature		Division Director: Ronne Hines Credential Holder Signature	



COLORADO SPRINGS FIRE DEPARTMENT

November 20, 2018

Casey Curtin
Dynalectric
345 Sheridan Blvd.
Lakewood, CO 80226

Re: Responsible Managing Employee

Dear Mr. Curtin,

The Pikes Peak Regional Building Department forwarded for our review your application and file for an additional or change in the Responsible Managing Employee. You have met the requirements for Responsible Managing Employee per the Pikes Peak Regional Building Code and have been approved by the Colorado Springs Fire Department.

As per Pikes Peak Regional Building Code, a Responsible Managing Employee is an exclusive permanent employee of a company, corporation or similar entity who holds the appropriate credentials and proof of employment as required by PPRBC. Responsible Managing Employees are active in the day-to-day business of the company and cannot be listed for multiple contractors.

No further action is necessary. If you have questions, please feel free to call Chip Taylor at (719) 385-7303 or Doreen Withee at (719) 385-7361.

Sincerely,

Brett T. Lacey, P.E., C.S.P.
Fire Marshal

cc: Regional Building Department – Licensing Section



Colorado Springs Fire Department
2880 International Circle, Suite 200-7
Colorado Springs, CO 80910
TEL 719-385-5982



"Providing the highest quality problem solving, fire and rescue service to our community since 1894."



Dynalectric Company
345 Sheridan Boulevard
Lakewood, CO 80226
Phone: 303.233.4488
Fax: 303.232.4080

July 16, 2019

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910

Re: RME exclusive full time employee

To Whom It May Concern,

I, Gina Maria Cullen, acknowledge and guarantee Casey Curtin is an exclusive full time employee of Dynalectric Company.

If you have any questions or require additional information, please contact me at (303) 205-5565.

Sincerely,
Dynalectric Company


Gina Maria Cullen
President & CEO, Colorado



ATTACHMENT DYNCO CLAIMS

Dynalectric Company's Colorado operation has been involved in one litigation since 1993.

Date Filed: August 2013

Case No.: 2013CV31167

Court: Boulder County District Court

Subject Matter: A confidential technology corporation filed suit against Dynalectric Company and its subcontractor, Liebert Corporation, A Subsidiary of Emerson Network Power (also a direct contractor to the client), for \$883,881.87 in alleged damages as a result of a Liebert Corporation employee action that caused a power outage in June 2012.

Date Closed: As of October 24, 2014, the suit and associated crossclaims and counterclaims were settled through confidential mediation and closed.



THE CITY OF ASPEN

Contractor License
License Number : E-003004



ISSUED DATE: 10/01/2017

EXPIRATION DATE: 9/30/2020

Contractor Type: Electrical Contractor

DYNALECTRIC COMPANY
DBA: DYNALECTRIC COMPANY
345 SHERIDAN BLVD
DENVER, CO 80226



Chief Building Official, Aspen



Chief Building Official, Pitkin Co.



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1334132

CONTRACTOR LICENSE

Date of Issue: 12/03/2018

Date of Expiration: 12/01/2019

License Number: 2018 1553289 00 CL

Contractor Name: DYNALECTRIC COMPANY

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD CO 80226

Cut along perforated line

Wallet

Duplicate



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

Valid through: 12/01/2019

Valid through: 12/01/2019

Contractor: DYNALECTRIC COMPANY

Contractor: DYNALECTRIC COMPANY

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2018 1553289 00 CL

License #: 2018 1553289 00 CL

A signed license by license official should be
maintained in your files.

A signed license by license official should be
maintained in your files.



**Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420**

1319704

CONTRACTOR LICENSE

Date of Issue: 09/20/2018

Date of Expiration: 10/01/2019

License Number: 2018 1523882 00 CL

Contractor Name: DYNALECTRIC COMPANY

Type of License: Right Of Way Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD CO 80226

Cut along perforated line

Wallet

Duplicate



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

Valid through: 10/01/2019

Valid through: 10/01/2019

Contractor: DYNALECTRIC COMPANY

Contractor: DYNALECTRIC COMPANY

Type of License: Right Of Way Contractor

Type of License: Right Of Way Contractor

License #: 2018 1523882 00 CL

License #: 2018 1523882 00 CL

A signed license by license official should be
maintained in your files.

A signed license by license official should be
maintained in your files.



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1335568

SUPERVISOR LICENSE

Date of Issue: 12/03/2018

Date of Expiration: 12/31/2021

License Number: 2018 1556217 00 SL

Supervisor Name: CASEY CURTIN

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

CASEY CURTIN
14941 HANOVER ST
BRIGHTON CO 80602

Cut along perforated line

Wallet

Duplicate



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420



Public Works Building Division
15151 E. Alameda Parkway
AURORA, CO 80012
PHONE NO. (303) 739-7420

Valid through: 12/31/2021

Valid through: 12/31/2021

Contractor: CASEY CURTIN

Contractor: CASEY CURTIN

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2018 1556217 00 SL

License #: 2018 1556217 00 SL

A signed license by license official should be
maintained in your files.

A signed license by license official should be
maintained in your files.



City of Boulder Planning & Development Services

1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791
P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandevelop@bouldercolorado.gov

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226-244

March 13, 2019

CONTRACTOR LICENSE

This document certifies that DYNALECTRIC COMPANY currently holds the following contractor license:

<u>License #</u>	<u>License Type</u>	<u>Classification</u>	<u>Expiration Date</u>
LIC-0001035-ROW	Contractor - Right-of-Way	Right-of-Way	03/13/2020



City and County of Broomfield
One DesCombes Drive
Broomfield, Colorado 80020

Contractor's License

No: OL-20-07553

**DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226**

License Type: Elec

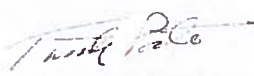
This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

**Effective Date: 09/01/2017
Expiration Date: 09/30/2020**

Timothy Pate, Chief Building Official

Contractor Wallet ID Card

Cut on outside line and fold to fit.

	<p>Issued to: DYNALECTRIC COMPANY Address: 345 SHERIDAN BLVD LAKEWOOD, CO 80226</p> <p>License No.: OL-20-07553</p> <p><small>This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15</small></p> <p>Effective Date: 09/01/2017 Expiration Date: 09/30/2020</p>  <p>Timothy Pate Chief Building Official</p>
<p>Information needed to request an inspection:</p> <ul style="list-style-type: none">>> Permit Number>> Address of Inspection>> Type of Inspection>> Date of Requested Inspection>> Name and phone number of person requesting inspection	<p>City and County of Broomfield One DesCombes Drive Broomfield, CO 80020</p> <p>Inspection Line: 303.438.6376 Building Division: 303.438.6370 Fax: 303.438.6207</p>



City of Centennial

13133 E Arapahoe Rd
Centennial, CO 80112
P: 303-754-3321 F: 303-708-1790

PROFESSIONAL LICENSE CERTIFICATE

Issued To: Dynalectric

Certification(s): 0000019 - State Contractors License,
0600376 - State Masters License,
GL6072246207 - General Liability Insurance,
WC6072290921 - Worker's Compensation

Mailing Address: 345 Sheridan Blvd
Lakewood, CO 80226

License Number: CL-08714

License Type: Contractor

Issued Date: 6/10/2019

Classification: Electrical

Expiration Date: 6/10/2020

TO BE POSTED IN A CONSPICUOUS PLACE



7887 E 60th Ave
Commerce City, CO
Phone: 303-289-3790 / Fax
303-289-3731

BUILDING SAFETY DIVISION

Contractor License / Registration Number: 1698

License Type: Electrical

Issued To: (C) Dynalectric Company
345 Sheridan Blvd.

Lakewood, CO 80226

This registration/license duly recognizes the above-mentioned as meeting Commerce City's requirements for registration/license as a contractor in the City of Commerce City for the term set forth. This registration/license may be revoked, suspended, or denied for cause in accordance with Article III, Chapter 5, Commerce City Municipal Code.

Effective Date: 11/26/2018

Expiration Date: 12/31/2019

Patrick Buckley, Building Official
City of Commerce City

Schedule an inspection at:

Inspection Line: 303-289-3652

Web: <http://permits.c3gov.com>

Attention Contractors:

You will not be able to schedule any inspections (even on previously issued building permits) if your license(s), registration or insurance are expired. Please be sure to keep your information up to date. Contact the Building Division at 303-289-3790 if you have any questions.



7887 E 60th Ave
Commerce City, CO
Phone: 303-289-3790 / Fax
303-289-3731

**Contractor Registration Only
NO PAYMENT REQUIRED**

Date Registered: 11/26/2018

(C) Dynalectric Company

\$ N/C

No 237

CRIPPLE CREEK, COLORADO
February 26 2019

CITY OF CRIPPLE CREEK



CONTRACTORS LICENSE

IN CONSIDERATION OF THE PAYMENT TO THE
CITY OF CRIPPLE CREEK OF THE SUM OF

Zero dollars and 00/100... Dollars, license is hereby granted

IN CONFORMITY WITH THE ORDINANCES OF THE CITY OF CRIPPLE CREEK

For DYNALLECTIC- GINA MARIE CULLEN

For ELECTRICAL CONTRACTOR

ME.0600376/EC.0000019

in said City of Cripple Creek for the term of One Year

beginning 3/1/19

and ending 2/28/20

at No. CRIPPLE CREEK AT LARGE

Street

THIS LICENSE MAY BE REVOKED OR SUSPENDED AS PROVIDED BY ORDINANCE
GIVEN UNDER MY HAND AND THE SEAL OF THE CITY, THE DAY AND YEAR ABOVE WRITTEN.

Paula S. Serna
CITY CLERK

Steve B...
MAYOR

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC6369
Expiration Date: 10/31/2020
License Type: Electrical

Issued To:

**By Authority of the Executive Director of
Community Planning and Development**

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$250.00	R352900--01010-0141200	10/25/2017	3730902	Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver IDENTIFICATION CARD	City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202
License/Registration No.: LIC6369	
This is to certify that DYNALECTRIC COMPANY has been issued a Electrical license in the City and County of Denver, beginning on 25 October 2017 and ending on 31 Oct 2020, unless license is revoked.	DENVER THE MILE HIGH CITY
<u>By Authority of the Executive Director of Community Planning and Development</u>	Licenses & Certificates: 720.865.2770 Permit Counter: 720.865.2705 Inspection Administration: 720.865.2505 Automated Inspection Request: 720.865.2501

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC242538
Expiration Date: 03/31/2020
License Type: ROW Special

RECEIVED

MAR 20 2019

DYNALECTRIC

Issued To:

By Authority of the Executive Director of
Community Planning and Development

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$50.00	R352800-1-01010-0141200	03/11/2019	5332542	Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on
file
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be
scheduled for the following working day.

Please provide the following information when
you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half

City and County of Denver		City and County of Denver	
IDENTIFICATION CARD		Community Planning and Development	
		201 W COLFAX AVE DEPT 205	
		DENVER, COLORADO 80202	
License/Registration	LIC242538	 DENVER THE MILE HIGH CITY	
No.:			
This is to certify that DYNALECTRIC COMPANY has been issued a ROW Special license in the City and County of Denver, beginning on 11 March 2019 and ending on 31 Mar 2020, unless license is revoked.			
<u>By Authority of the Executive Director of</u> <u>Community Planning and Development</u>			
		Licenses & Certificates:	720.865.2770
		Permit Counter:	720.865.2705
		Inspection Administration:	720.865.2505
		Automated Inspection Request:	720.865.2501




City of Edgewater

2401 Sheridan Blvd,
Edgewater, CO 80214


Electrical

Company Name: Dynalectric Company
License Type: Electrical
License Number: 18EDG-E-0554
Expiration Date: Dec 6, 2019

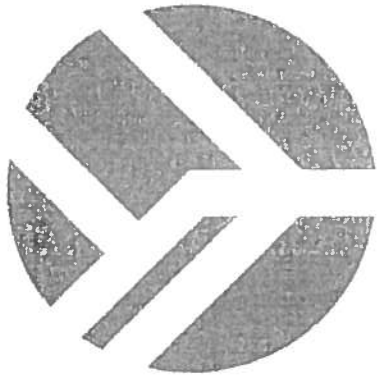


City of Edgewater, CO - 12/06/2018

Registration Type: Electrical
Registration Number: 18EDG-E-0554
Expiration Date: Dec 6, 2019
Date License Issued: Dec 6, 2018
Company Name: Dynalectric Company
Company Address: 345 Sheridan Blvd., Lakewood, CO 80226



For the city of Edgewater, CO - 12/06/2018



CONTRACTOR LICENSE / REGISTRATION

City of Englewood, Colorado

DIVISION OF BUILDING AND SAFETY

License Type: R01 Electrical

License No: 5612

Issue Date: 9/12/2017

Expires: 9/30/2020

Issued To:

DYNALECTRIC
345 SHERIDAN BLVD

LAKESWOOD, CO 80226

Licensing Agent:

City of Englewood, Colorado

DYNALECTRIC
345 SHERIDAN BLVD
LAKEWOOD CO 80226
R01

Dynalectric Company
345 Sheridan Blvd
Lakewood, CO 80226

Town of Erie

CONTRACTOR LICENSE

License #: PL-000080-2014

Dynalectric Company
345 Sheridan Blvd
Lakewood, CO 80226

License:
Electrical

Exp Date:
12/31/2019

Specialty: Electrical

Fees Paid

Paid Date	Amount	Payment Info
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Town of Erie CONTRACTOR LICENSE

LICENSE #: PL-000080-2014

Dynalectric Company
345 Sheridan Blvd
Lakewood, CO 80226

Type:
Electrical

Exp Date:
12/31/2019

2019

CITY OF FEDERAL HEIGHTS

CONTRACTOR'S LICENSE

License# 97-0009
Date Issued 09/13/2018
Class ELEC

THIS CERTIFIES THAT THE LICENSEE AS
SHOWN HEREON IS HEREBY
AUTHORIZED TO ENGAGE IN THE
BUSINESS AS LISTED IN STRICT
COMPLIANCE WITH ALL ORDINANCES OF
THE CITY OF FEDERAL HEIGHTS

CONTRACTOR INFORMATION

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD CO 80226-2448

THIS LICENSE EXPIRES 08/31/2019

PHONE (303)233-4488

FAX

LICENSE FEE \$0.00



City Clerk



City License
BY AUTHORITY OF THE
City of Fountain
State of Colorado - County of El Paso

License Number: BUS19-01059
Renewal #: BUSA-2019-00003
Active Year: 2019

Permission is hereby granted to

Dynalectric Company

D. B. A.

Dynalectric Company

Located at 1410 Ford St

Colorado Springs, CO 80915

To do business in the City of Fountain,

County of El Paso and the State of Colorado, from

01/01/2019 to 12/31/2019

inclusive.

The said business performing a service of

Electrical Contractor

to be subject to all the laws of the State of Colorado and to all ordinances of said City of Fountain, which now are or hereafter may be in force.

Given under my hand and the seal of said City of Fountain this:

Friday, January 11, 2019



[Signature]
City Clerk

Sells Non-Cigarette Tobacco: No



License #: 74

\$0.00

TOWN OF FREDERICK CONTRACTORS LICENSE
STATE OF COLORADO

By Authority of the Town of Frederick, Colorado

Permission Is Hereby Given to

Dynalectric Company

to carry the Contractor's Class(es) in the Town of Frederick, Colorado town limits for the term(s) listed below

Class	Issued	Expires
BC(E)	1/3/2019	12/31/2019

IN WITNESS this 3rd day of January, 2019

Attest:

Town Official



AS-3880

License No. _____

This certifies that

**Dynalectric Company
Gina Maria Cullen**


*is licensed by the
City of Fort Collins, Colorado as a:*

SPECIALIZED CONTRACTOR – ALARM SYSTEMS (FIRE ALARM)

Date Issued: **May 29, 2019**

Expiration Date: **May 29, 2021**


Contractor Signature


Administrative Services Manager



License No. **4570-AS**

This certifies that

**Curtin, Casey
Dynalectric Company**

*is licensed by the
City of Fort Collins, Colorado as a:*

CONSTRUCTION SUPERVISOR – ALARM SYSTEMS (FIRE ALARM)

Date Issued: **May 29, 2019**

Expiration Date: **May 29, 2021**

A handwritten signature in dark ink, appearing to read "Casey Curtin", written over a horizontal line.

Contractor Signature

A handwritten signature in dark ink, appearing to read "Jennifer Barber", written over a horizontal line.

Administrative Services Manager



ME-1660

License No. _____

This certifies that

**Dynalectric Company
Gina Maria Cullen**


*is licensed by the
City of Fort Collins, Colorado as a:*

REGISTERED MASTER ELECTRICIAN CONTRACTOR

Date Issued: **May 24, 2019**


Contractor Signature

Expiration Date: **May 24, 2021**


Administrative Services Manager



Dynalectric Company
License: Gina Maria Cullen, R-3855(+)
Certificate: Casey Curtin, 4534-R(+)
Expiration: May 29, 2021

Sharon Barber
Customer & Admin Services Manager



Dynalectric Company
License: Gina Maria Cullen, R-3855(+)
Certificate: Casey Curtin, 4534-R(+)
Expiration: May 29, 2021

Sharon Barber
Customer & Admin Services Manager



DYNALECTRIC COMPANY
Gina Maria Cullen
Registration: ME-1660
Expiration: May 24, 2021

Sharon Barber
Customer & Admin Services Manager

2019 CONTRACTOR REGISTRATION CERTIFICATE



City of Fort Morgan Building Department

Building Inspector: (970) 542-3908
 Administrative Assistant: (970) 542-3907
 710 E. Railroad Avenue * Fort Morgan, CO 80701
www.cityoffortmorgan.com

Dynalectric Company
 DBA:
 345 Sheridan Blvd
 Lakewood CO 80226

Mailing Address:
 345 Sheridan Blvd
 Lakewood CO 80226

Contractor Number: 0266

Issue Date: 01/01/2019

Expiration Date: 12/31/2019

*Digital Signature Authorized
 By Brenda J. Guggenmos
 Administrative Assistant*

Brenda J. Guggenmos

It is the Contractor's responsibility to be familiar with the current Building Codes the City of Fort Morgan has adopted.

Please maintain this Certificate in your files.

Contractor Registration Cards

Cut along perforated lines

Wallet Copy

Duplicate Copy

City of Fort Morgan
 710 E. Railroad Ave * Fort Morgan, CO 80701 * 970-542-3907
 2019 CONTRACTOR REGISTRATION

0266 <i>Contractor Number</i>	01/01/19 <i>Issue Date</i>	12/31/19 <i>Expires</i>
---	--------------------------------------	-----------------------------------

Dynalectric Company
 DBA:
 345 Sheridan Blvd
 Lakewood CO 80226

Brenda J. Guggenmos

Brenda J. Guggenmos
 Administrative Assistant

Issued By:

City of Fort Morgan
 710 E. Railroad Ave * Fort Morgan, CO 80701 * 970-542-3907
 2019 CONTRACTOR REGISTRATION

0266 <i>Contractor Number</i>	01/01/19 <i>Issue Date</i>	12/31/19 <i>Expires</i>
---	--------------------------------------	-----------------------------------

Dynalectric Company
 DBA:
 345 Sheridan Blvd
 Lakewood CO 80226

Brenda J. Guggenmos

Brenda J. Guggenmos
 Administrative Assistant

Issued By:



CITY OF GLENDALE



CONTRACTOR LICENSE

CONTRACTORS NAME

DYNALECTRIC COMPANY

ADDRESS

345 SHERIDAN BLVD
LAKEWOOD CO 80226

LICENSE CLASS: ELECTRICAL REGISTRATIONS

LICENSE NUMBER: 901162

EXPIRATION DATE: January 31, 2020

Board of Appeals

Building Official

DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD CO 80226

Greenwood Village

Community Development Department Contractor License

**BY THE AUTHORITY OF THE CITY OF GREENWOOD VILLAGE, THE
FOLLOWING LICENSE IS HEREBY GRANTED TO:**

CONTRACTOR: Dynalectric Company
DOING BUSINESS AS:
POINT OF CONTACT: Gina Cullen
STREET ADDRESS: 345 Sheridan Blvd
CITY, STATE, ZIP: Lakewood, CO 80226
PHONE NUMBER: (303) 233-4488
EMAIL: dyna-co@emcor.net



CLASS: LEVEL E -
ELECTRICAL/PLUMBING
LICENSE NUMBER: OL-20-03192
FEE: \$NaN
DATE ISSUED: 03/12/2019
DATE EXPIRED: 09/30/2020

THIS LICENSE IS NON-TRANSFERABLE

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION FOR SAID LICENSE. THIS LICENSE MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. THE ABOVE LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE UNITED STATES, STATE OF COLORADO, COUNTY OF ARAPAHOE, CITY OF GREENWOOD VILLAGE, AND ALL AGENCIES THEREOF.


Steve Hinkley, Chief Building Official

CITY OF IDAHO SPRINGS CONTRACTOR LICENSE

NO: 18120

This certifies that

Dynalectric Company

has met the requirements as set forth in the Idaho Springs Municipal Code and is therefore authorized to perform work as a Electrical

Contractor within the City of Idaho Springs

Date of Issue: 12/07/2018

Date of Expiration: December 31, 2019

Diane Bruce

City Clerk

CITY OF IDAHO SPRINGS CONTRACTOR LICENSE

NO: 18120

This certifies that

Dynalectric Company

has met the requirements as set forth in the Idaho Springs Municipal Code and is therefore authorized to perform work as a Electrical

Contractor within the City of Idaho Springs

Date of Issue: 12/07/2018

Date of Expiration: December 31, 2019

Diane Bruce

City Clerk



CONTRACTOR'S LICENSE

City of Thornton
9500 Civic Center Drive
Thornton, CO 80229
303-538-7250

Contractor Number: LCC20150E2474

This is to certify that: DYNALECTRIC COMPANY

345 SHERIDAN BLVD

LAKEWOOD, CO 80226

Has been issued the following license(s):

<u>Issuance Type</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
Class D Electrical	ELE201900778	05/09/2019	05/09/2021

A handwritten signature in black ink, appearing to read "Doug White", written over a horizontal line.

Chief Building Official

Signature of Licensee



Electrical Contractor License

ELC2768052

issued to

Gina Cullen
Dynalectric Company
345 Sheridan Blvd.
Lakewood, CO 80226

issued by

City of Lafayette
1290 S. Public Rd.
Lafayette, CO 80026

(303) 661-1270 phone
(303) 665-2153 fax
nichelle@cityoflafayette.com



Electrical Contractor

Issued By

City of Lafayette
1290 S. Public Rd.
Lafayette, CO 80026

This license issued in compliance with
the Ordinances of the City of Lafayette
and subject to the provisions thereof.

Approved By



NON-TRANSFERABLE

Issued To

Gina Cullen
Dynalectric Company
345 Sheridan Blvd.
Lakewood, CO 80226

Valid From

08/10/19 - 08/10/20

License Number

ELC2768052



NOTICE:

This license issued in compliance with the Ordinances of
the City of Lafayette and subject to the provisions thereof.

Electrical Contractor

NON-TRANSFERABLE

Valid From

08/10/19 - 08/10/20

License Number

ELC2768052



Issued To

Gina Cullen
Dynalectric Company
345 Sheridan Blvd.
Lakewood, CO 80226

Issued By

City of Lafayette
1290 S. Public Rd.
Lafayette, CO 80026

Approved By



Dynalectric Company
345 Sheridan Blvd
Lakewood, CO 80226

City of Lakewood

Civic Center North
480 South Allison Parkway
Lakewood, Colorado 80226
303-987-7500

Contractor Registration #: E0000019

Type of Registration: Electrical	Issue Date: 3/5/2017	Expires On: 3/5/2020
--	--------------------------------	--------------------------------

MIKE SIZEMORE, BUILDING OFFICIAL



CONTRACTOR LICENSE

Department of Building Inspection

DYNALLECTRIC COMPANY

GINA CUI LEN

345 SHERIDAN BLVD DENVER CO 80226

E - Electrical

Contractor Number: E00271

Etrakit Password 2320

Local License Expiration: 10/1/2019

Chief Building Official



CITY OF LONE TREE
BUSINESS LICENSE
www.cityoflonetree.com

9220 Kimmer Drive Lone Tree, CO 80124
Gita.Listiadi@cityoflonetree.com
303-708-1818

Heather Moore
Dynalectric Colorado
345 Sheridan Blvd
Lakewood, CO 80226

Mailing Address

License # 7272
Date of Issuance: 6/1/2016
No Expiration Date

Dynalectric Colorado
345 Sheridan Blvd
Lakewood, CO 80226

Business Location Address

SAH

Seth Hoffman, License Administrator

NOT TRANSFERABLE

POST THIS LICENSE IN A CONSPICUOUS PLACE AT ALL TIMES

RECEIVED

AUG 18 2018

DYNALECTRIC



City of Longmont - Inspection Division

This certifies that

GINA CULLEN is a license/qualified individual, doing business as DYNALECTRIC COMPANY, and is duly registered/licensed as an Active E - Electrical Contractor in the City of Longmont until 06/30/2019. In testimony whereof, this card is issued in Longmont, Colorado on Aug 13, 2018.

GINA CULLEN
% DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

No: E01003144

J McKnight
Acting Chief Building Official

**PLEASE CUT OUT AND TRIM THE CARD ABOVE
TO FIT IN YOUR WALLET.**

☐ Conditions

Dear GINA CULLEN,

Aug 13, 2018

Congratulations!

This is your wallet card as evidence of Licensing /Registration with the City of Longmont, Building Inspection Division. Please examine the information below for accuracy. Should there be errors, please notify Building Inspection at (303) 651-8332 to correct this information.

License expires: June 30, 2019

License Status: Active

License Classification: E - Electrical Contractor

Liability Insurance Company Name: CONTINENTAL CAS

Policy amount: 2000000.00

Liability Insurance Policy:

Liability Insurance Expiration Date: 10/01/2018

Workers Compensation Insurance Expires: October 01, 2018

Qualified GINA CULLEN
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

License Holder DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

Electrical Contractor Registration: This Registration with the City of Longmont entitles the Electrical Contractor to engage in the electrical installation of wiring, appliances, or other electrical apparatus of any nature, kind, or description (except central stations, power houses, or substations) for the purpose of transmitting or utilizing electric current for light, heat, power, or electrical signal systems or other purposes inside of or in connection with any building or buildings, unless such person has received an electrical contractors license from the State of Colorado. An Electrical contractor licensed with the State of Colorado and registered with the City of Longmont may engage in the business of contracting for the installation, altering, or repairing of electrical wiring and apparatus of any kind or nature.



ISSUED TO: Gina Cullen, Dynalectric Company

LOCATION: 345 Sheridan Blvd
Lakewood, CO 80226

ICC TEST HOLDER:

MASTER LICENSE HOLDER: Gina M Cullen

ISSUED DATE: 10/24/2018

EXPIRATION DATE: 10/24/2019

LICENSE TYPE: Electrical Contractor

CLASSIFICATION: Master

LICENSE NUMBER: LSVL-000237-2016

This contractor's license has been issued in accordance with City of Louisville Municipal Code Chapter 5.12. It is therein established to be unlawful for any contractor to violate any provision of State Law, City of Louisville Municipal Code and Building Codes, or other pertinent City Ordinances; or to violate or refuse to obey any order issued; or neglect to pay any fee assessed under authority of the City of Louisville Municipal Code.

Town of Lyons
Double Gateway to the Rockies
Contractor's License

License No: 4064

Issued by:

TOWN OF LYONS
PO Box 49
432 5th Avenue
Lyons, CO 80540
303-823-6622

Fee Paid : NO FEE

Expiration Date : 12/31/2019

Issued To:

Dynalectric Company
Gina M. Cullen
345 Sheridan Blvd.
Lakewood CO 80226

The above named contractor is hereby registered and licensed as a construction contractor pursuant to Chapter 6 of Article 3 of Lyons Municipal Code. This license confirms the contractor's compliance with the requirements of Chapter 6 of Article 3 and confirms the individual's registration with Town of Lyons as required by such Chapter. This license does not certify or represent that the named individual is qualified to perform specific work as a construction contractor. This license or a copy thereof must be made available upon request by the Building Inspector of the Town of Lyons or other Town of Lyons Staff personnel.



In witness whereof, I hereunto set my hand and affix the corporate seal of the Town of Lyons, on this 4 day of January 2019.

Town of Lyons

Lamera Chen

License Clerk

THIS LICENSE IS NON TRANSFERABLE AND SHOULD BE POSTED IN A CONSPICUOUS PLACE.

LICENSE

REGIONAL BUILDING DEPARTMENT
2880 International Circle
Colorado Springs, Colorado 80910

In Consideration for the payment shown, this document is issued in
accordance with the provisions of the Pikes Peak Regional Building Code.

Contractor ID: 7607

ELECTRICAL CONTRACTOR

DYNALECTRIC COMPANY
GINA CULLEN
345 SHERIDAN BLVD
LAKEWOOD, CO 80226

RECEIVED

MAR 11 2019

DYNALECTRIC

Expires: 30-Apr-2020
Issued: 06-Mar-2019
Amount: \$0.00

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

DYNALECTRIC COMPANY

is an entity formed or registered under the law of Delaware, has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 19971202108.

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 07/29/2019 that have been posted, and by documents delivered to this office
electronically through 07/30/2019 @ 12:14:58.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 07/30/2019 @ 12:14:58 in accordance with applicable law.
This certificate is assigned Confirmation Number 11712780



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/USFC/certificate.asp>. After clicking on the Validate a Certificate link, enter the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us>, click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ***MARSH USA INC 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Phone: 866-966-4664 Emcor.Certrequest@marsh.com / Fax: 203-229-6787 520715-DYN-LAK-18-19	CONTACT NAME: PHONE (A/C, No, Ex): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD, CO 80226	INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Company INSURER B: American Casualty Company of Reading, PA INSURER C: Transportation Insurance Co INSURER D: N/A INSURER E: INSURER F:	
	NAIC # 20443 20427 20494 N/A	

COVERAGES **CERTIFICATE NUMBER:** NYC-010378905-02 **REVISION NUMBER: 5**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CL 6072246207	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 14,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BUA 6072246269	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Auto Physical Damage \$ Included
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	WC 6072290921 (AOS) WC 6072336019 (CA) WC 6072378738 (AZ, OR, WI)	10/01/2018 10/01/2018 10/01/2018	10/01/2019 10/01/2019 10/01/2019	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: ELECTRICAL CONTRACTOR LICENSE

CERTIFICATE HOLDER

PIKES PEAK REGIONAL BUILDING DEPT.
2880 INTERNATIONAL CIRCLE
COLORADO SPRINGS, CO 80910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

8/1/2019 8:31:15 AM

(SABRINA)

Receipt #: 1618851

Contractor: DYNALECTRIC COMPANY (7607)

Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	App fee	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE) FEE	FEE	\$3.50

Total Due: \$53.50

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	718388	\$53.50

Total Tendered: \$53.50

Comment:

I agree to pay above total amount according to card issuer agreement.

84

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1021 N. Cascade Ave., Colorado Springs, CO 80903 (166015 CC Tutt Library Project)

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 137,772.00 Date: 08/2017 Your position: Fire Alarm Contractor B & Electrical Contractor

Describe Job in detail: Replaced, relocated and installed new duct detectors, smoke detectors, horn strobes, pull stations and fire alarm panel.

2. Project Street Address: 305 Rockrimmon Blvd S, Colorado Springs, CO 80919 (186016 HPE Chiller)

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 10,007.00 Date: 02/2018 Your position: Fire Alarm Contractor B & Electrical Contractor

Describe Job in detail: Install new duct detectors, pull stations and horn/strobes

3. Project Street Address: 10652 Federal Dr., Colorado Springs, CO 80908 (166019 WMDC PREFAB)

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 8,773.00 Date: 11/2016 Your position: Fire Alarm Contractor B & Electrical Contractor

Describe Job in detail: Replaced, relocated and installed new duct detectors, smoke detectors, horn strobes, and pull stations.

4. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908 (156009 WMDC PH2)

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 29,857.00 Date: 09/2015 Your position: Fire Alarm Contractor B & Electrical Contractor

Describe Job in detail: Install monitor modules & control modules on 14 new Crah Mechanical units

5. Project Street Address: 305 Rockrimmon Blvd., Colorado Springs, CO 80919 (176016 HP CX03 MicroFocus)

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 17,044.00 Date: 07/2017 Your position: Fire Alarm Contractor B & Electrical Contractor

Describe Job in detail: Install new duct detectors and horn strobes.

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Gina Maria Cullen, President & CEO, Colorado

Signature: 

Date: 8/2/2019



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: FOSTER ELECTRIC

PRINCIPAL: BRADLEY FOSTER

LICENSE HOLDER: SHAUN KALBFLIESH

RME: SHAUN KALBFLIESH

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/27/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	PAUL M	08/21/2019
CRIMINAL BACKGROUND CHECK	PAUL M	08/21/2019
SENT TO FIRE	PAUL M	08/21/2019

DEPARTMENT	NAME	DATE

COMMENTS:

Fire Alarm Contractors - B

- X**•RME w/ Current NICET Level II or higher in Fire Alarm Systems o
- X**•Certificate of Liability and Workers' Compensation insurance.
- X**•Documentation of minimum 5 years work experience.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-21-19

Initial PM

Receipt # 1623928

RBD #

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A ☒ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Foster Electric Corp
(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 84-1107842

Business Address: 1220 Valley St.
Street Address City State Apartment/Unit #
Colorado Springs CO 80915
City State ZIP Code

Business Phone: 719 520-0550 Business Email: info@FosterElectricCorp.com

Business Fax: 719 520-0409 Business Website: www.FosterElectricCorp.com

Company's Principal Officers, Partners, or Owners

Name: Bradley A. Foster Title: President

Name: _____ Title: _____

1. Number of years company has operated as a contractor? (If new, write "new") 32

2. Type of work performed? (Check one or both, if applicable) ☒ Residential ☒ Commercial

Service

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

<u>10985 Contractor License PPRBD</u>	
<u>ME.003605 IDRA Master Electrician</u>	
<u>EE.002883 IDRA Electrical</u>	

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 7222 Shenden Ave Ft Carson - Candlewood

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2,999,169.70 Date: 2018-2019 Your position: Electrical

Describe Job in detail: New 5 story Hotel on ~~Shenden~~ Ft. Carson.

2. Project Street Address: 950 Academy Park Loop CS, Co - SPD

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1,206,355 Date: 2018-2019 Your position: Electrical

Describe Job in detail: New 1-story police station.

3. Project Street Address: Airport Rd & Shuckert Ave - Fed Ex

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1,500,503 Date: 2018-2019 Your position: Electrical

Describe Job in detail: New cross dock & maintenance shop for Fed Ex

4. Project Street Address: 1775 Banger St Ft. Carson - ~~Space~~ Battalion

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2,494,172 Date: 2019-2020 Your position: Electrical

Describe Job in detail: New office building at Fort Carson for Colorado Natl Guard

5. Project Street Address: 3020 N Nevada Ave - Vasa

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 427,749 Date: 2019 Your position: Electrical

Describe Job in detail: Remodel of commercial space to new gym

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Bradley A. Foster - Owner

Signature: [Signature] President Date: 8/21/19

Licensee Information

Legal Name: Kalbfliesh Shaun R
Last First M.I.

Date of Birth: 05/23/1984 Social Security Number: [REDACTED]

Address: 3210 Galleria Ter
Street Address
Colorado Springs, CO 80916
City State ZIP Code

Phone: 719-661-8032 Fax: _____ Email: shaunk@fosterelectriccorp.com

1. What is your area of expertise in the industry? Electrical and Fire Alarm Installation
2. How long have you worked in the industry? 10+ years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

<u>S.K. NICET #</u>	<u>NICET Level</u>	<u>Expires</u>
<u>237283 151032</u>	<u>2</u>	<u>09/01/2022</u>
<u>P.E. #</u>	<u>Issued</u>	<u>Expires</u>
<u>D.O.T. #</u>	<u>Issued</u>	<u>Expires</u>

Work History

Company	Position	To	From
Foster Electric	Apprentice/Journeyman	Current	Dec 2010
Foster Electric	Field Opps Manager	June 2019	May 2017
Foster Electric	FA installer	Current	June 2014

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Shaun R Kalbfliesh
 Signature of (Licensee): [Signature] Date: 8-20-19

Responsible Managing Employee (RME) Information

Legal Name: Kalbfliesh Shaun R
Last First M.I.

Date of Birth: 05/23/1984 Social Security Number: [REDACTED]

Address: 3210 Galleria Ter
Street Address Apartment/Unit #
Colorado Springs CO 80916
City State ZIP Code

Phone: 719-661-8032 Fax: _____ Email: shaunk@fosterelectriccorp.com

1. What is your area of expertise in the industry? Electrical and Fire Alarm installation
2. How long have you worked in the industry? 10+ years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications


<u>S.K.</u>	NICET #	NICET Level	Expires
<u>237283</u>	<u>151032</u>	<u>2</u>	<u>09/01/2022</u>
	P.E. #	Issued	Expires
	D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Foster Electric	Apprentice/Journeyman	Current	Dec 2010
Foster Electric	Field Operation Manager	June 2019	May 2017
Foster Electric	FA installer	Current	June 2014

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Shaun R Kalbfliesh

Signature of (RME):  Date: 8-20-19

Shaun Kalbfliesh

Profile

Forman/Manager with 20+ years of experience in general construction industries, serving in all facets of the electrical industry since 2002.

Education

IEC – Electrical Apprenticeship Training

IEC – Fire Alarm Training

Testing/ Certification

FA2 Examination - June 2014

Journeyman Electrician - Oct 2015

FA2 Examination - March 2018

Nicet 1 & 2 Examination - Aug 2019 Nicet# 237283

Experience

Apprentice (2002, Dec. 2010 -Oct. 2015)

Foreman (Oct. 2015 - May, 2017; June, 2019 - Present)

Field Operation Manager (May, 2017 - June, 2019)

FA-2 Installer (June, 2014 - Present) License# 11100

Foster Electric Corp. (Colorado Springs, CO)

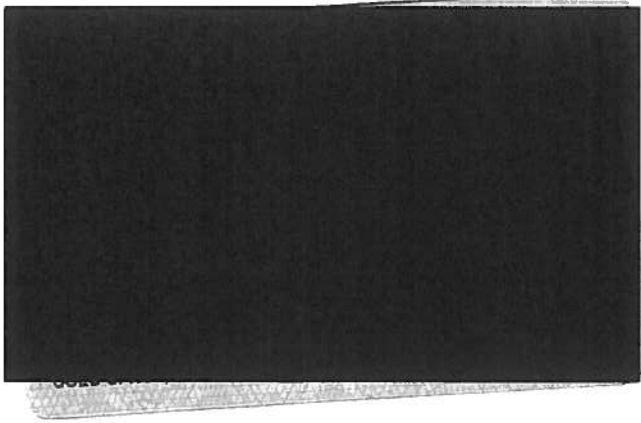
Performed electrical and Fire Alarm installation in commercial buildings, hotels, restaurants and small industrial setting in Colorado Springs and surrounding areas. This was to include multi story ground up building and remodels to small tenant finishes.

Perform management duties related to the Construction Department field operations, including budget monitoring, manpower projections and dispatching, jobsite coordination efforts, and tool/material planning and implementation

Apprentice Electrician (2002)

Hedges Electric (Woodland Park, CO)

Performed general electrical installations for residential houses and small commercial experience.



Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
SHAUN RYAN KALBFLIESH
IS A LICENSED (ID# 11100)
Fire Alarm Installer

Expires:

31 Aug 2019



1220 Valley Street
Colorado Springs, CO 80915
(719) 520-0550 • FAX (719) 520-0409

August 20, 2019

To Whom It May Concern:

Shaun Kalbfliesh is an employee of Foster Electric Corp and solely works for us. Shaun has been employed with us since December 28, 2010.

Feel free to contact me at 719-520-0550 or maliam@fosterelectriccorp.com to discuss this matter

Thank you,

A handwritten signature in blue ink, appearing to read "Malia McArthur".

Malia McArthur

Controller/Office Manager

LICENSE

REGIONAL BUILDING DEPARTMENT
2880 International Circle
Colorado Springs, Colorado 80910

In Consideration for the payment shown, this document is issued in accordance with the provisions of the Pikes Peak Regional Building Code.

Contractor ID: 10985

ELECTRICAL CONTRACTOR

FOSTER ELECTRIC CORP
BRADLEY FOSTER
1220 VALLEY ST
COLORADO SPRINGS, CO 80915

Expires: 31-Oct-2019
Issued: 16-Aug-2018
Amount: \$0.00

RECEIVED

AUG 20 2018

Card filed w/ licenses



THIS IS TO CERTIFY THAT
FOSTER ELECTRIC CORP
IS A LICENSED (ID# 10985)
ELECTRICAL CONTRACTOR

Examinee: BRADLEY FOSTER
Expires: 31-Oct-2019



COLORADO

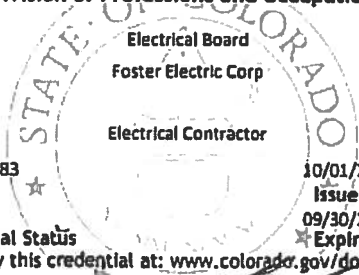
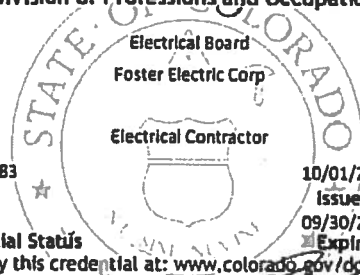


Department of
Regulatory Agencies

Division of Professions and Occupations

Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
 <p>Electrical Board Foster Electric Corp Electrical Contractor</p>	 <p>Electrical Board Foster Electric Corp Electrical Contractor</p>
EC.0002883 Number	10/01/2017 Issue Date
Active	09/30/2020 Expire Date
Credential Status	Credential Status
Verify this credential at: www.colorado.gov/dora/dpo	
	
Division Director Ronne Hines	Credential Holder Signature





COLORADO

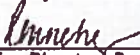

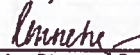

Department of
Regulatory Agencies

Division of Professions and Occupations

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If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
Electrical Board		Electrical Board	
Bradley A Foster		Bradley A Foster	
Master Electrician		Master Electrician	
ME.0003625	10/01/2017	ME.0003625	10/01/2017
Number	Issue Date	Number	Issue Date
Active	09/30/2020	Active	09/30/2020
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: www.colorado.gov/dora/dpo		Verify this credential at: www.colorado.gov/dora/dpo	
			
Division Director Ronne Hines	Credential Holder Signature	Division Director Ronne Hines	Credential Holder Signature





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Stephanie Stagner
CIA-Leavitt Insurance Agency, Inc.	PHONE (A/C, No, Ext): (719) 528-1884
5585 Erindale Drive	FAX (A/C, No): 866-304-6093
Suite 107	E-MAIL ADDRESS: stephanie-stagner@leavitt.com
Colorado Springs CO 80918	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: United Fire & Casualty Group
Foster Electric Corp	INSURER B: Pinnacol Assurance
1220 Valley Street	INSURER C:
Colorado Springs CO 80915	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 19-20 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		60516675	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Contractors Limited E&O \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		60516675	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		60516675	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	4128547	6/1/2019	6/1/2020	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A				60516675	6/1/2019	6/1/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF COVERAGE This certificate is subject to the terms and conditions on the policies.

CERTIFICATE HOLDER

CANCELLATION

Foster Electric Corp
1220 Valley Street
Colorado Springs, CO 80915

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

S Stagner/STSTAG

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ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

INS025 (2014/01)

99



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 Filing history and documents
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Business Home
 Business Information
 Business Search

FAQs, Glossary and Information

Summary

Details			
Name	FOSTER ELECTRIC CORPORATION		
Status	Good Standing	Formation date	11/14/1988
ID number	19881099118	Form	Corporation
Periodic report month	November	Jurisdiction	Colorado
Principal office street address	1220 Valley Street, Colorado Springs, CO 80915, United States		
Principal office mailing address	1220 Valley Street, Colorado Springs, CO 80915, United States		

Registered Agent	
Name	Bradley A Foster
Street address	1220 Valley Street, Colorado Springs, CO 80915, United States
Mailing address	n/a

[Filing history and documents](#)

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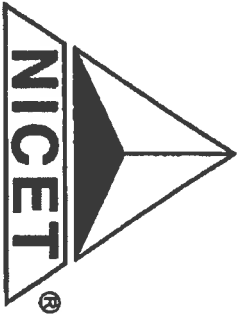
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NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

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BE IT KNOWN THAT

Shaun Ryan Kalbfliesh

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through September 1, 2022

CERTIFICATION NUMBER 151032

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



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IN ENGINEERING TECHNOLOGIES®**

Providing Certification Programs Since 1961



Approval Letter

Name: Shaun Ryan Kalbfliesh
Date of Award: August 21, 2019
Certification Number: 151032
Certification Expire Date: 09/01/2022

It is my pleasure to inform you that you have been awarded certification as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

If this is your first award of NICET certification, the expiration date shown under your certification number establishes your three-year recertification cycle. If this is an upgraded certification or a certification in a new technical area, your three-year recertification cycle remains the same as previously established. Please refer to NICET Policy No. 30, *Continuing Professional Development*, for rules governing recertification.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

Michael A. Clark
General Manager

remove card slowly



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Shaun Ryan Kalbfliesh
FIRE ALARM SYSTEMS/II

Shaun Ryan Kalbfliesh
1220 Valley St
Colorado Springs, CO 80915

CERT NO. 151032 VALID THRU 09/01/2022

SC 8-28-2019 sent to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: ORR PROTECTION SYSTEMS, INC.

PRINCIPAL: RAYMOND ALDRIDGE

LICENSE HOLDER: CHARLES MONK

RME: ROY VAUGHN

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/30/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	08/28/2018
CRIMINAL BACKGROUND CHECK	SABRINA	08/28/2019
SENT TO FIRE	SABRINA	08/28/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/30/19

COMMENTS:

NEW

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician - C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

Fire Suppression Contractor - B

- X •Letter of commitment stating minimum equipment requirements are met for portable
- X •D.O.T registration as approved cylinder requalification facility OR contract with
- X •Documentation showing the RME qualifications and at least 3 years applicable work
- X •Certification from at least one manufacturer of special hazard systems that the
- X •Certificate of Liability and Workers' Compensation insurance.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 8-27-2019
Initial SE
Receipt # 1625503
RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☒ FSC-B ☐ FSC-C ☐ FSC-D ☐ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: ORR Protection Systems, Inc.

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 61-1011484

Business Address: 11601 Interchange Drive

Street Address

Apartment/Unit #

Louisville

KY

40229

City

State

ZIP Code

Business Phone: 502-882-882-6875

Business Email: licensing@orrprotection.com

Business Fax: 502-244-4554

Business Website: www.orrprotection.com

Company's Principal Officers, Partners, or Owners

Name: Clark Orr, Jr.

Title: Chairman

Name: Raymond Aldridge

Title: CEO / President

Name: _____

Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") New in Colorado - 45 Years in Industry

2. What is the company's area of specialties? Safety, Fire Alarm & Special Hazards Installation & Maintenance

Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Responsible Managing Employee (RME) Information

Legal Name: Vaughn Sr. Roy E.
Last First M.I.
 Date of Birth: 12-10-49 Social Security Number: [REDACTED]
 Address: 16412 Sky Blue Avenue
Street Address
Louisville KY 40258
City State ZIP Code
 Phone: 502- Fax: 502-244-4554 Email: Rvaughn@orrprotection.com

1. What is your area of expertise in the industry? _____
2. How long have you worked in the industry? 40+ years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
<u>72772 Fire Alarm/Special Hazards</u>	<u>Level IV</u>	<u>12-1-2020</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
<u>ORR Protection Systems</u>	<u>Senior Designer</u>	<u>9-25-1978</u>	<u>Current</u>

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Roy E. Vaughn, Sr. Senior Designer
 Signature of (RME): [Signature] Date: 6-14-19

Licensee Information

Legal Name: Monk, Jr. Charles W.
Last First M.I.

Date of Birth: 03/07/1956 Social Security Number: [REDACTED]

Address: 4032 N. Stampede Drive
Street Address Apartment/Unit #
Castle Rock CO 80104
City State ZIP Code


Phone: 720-682-8258 Fax: N/A Email: cmonk@orrprotection.com

1. What is your area of expertise in the industry? Master Electrician, Fire Alarm Installation, Special Hazard Installation
2. How long have you worked in the industry? 35 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Manager (Qualifying Party)
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
P.E. #	Issued	Expires
Electrical Contractor 0101561	09/30/2017	09/30/2020
D.O.T. #	Issued	Expires
Master Electrician	03/30/2017	09/30/2020

Work History

Company	Position	To	From
Phoenix Fire Systems. 	Manager	May 2019	June 2008
Rio West Deveopment	Partner	November 2008	Februray 2005
EMI	Sales Engineer	February 2005	August 2003

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Charles W. Monk Jr. (Manager - Qualifying Partner)

Signature of (Licensee): [Signature] Date: 6/9/2019



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Roy E. Vaughn, Sr.

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
SPECIAL HAZARDS SYSTEMS LAYOUT**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

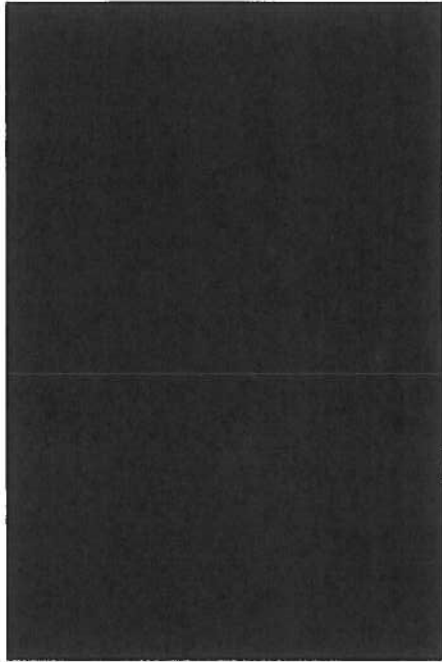
Certification Valid through December 1, 2020

CERTIFICATION NUMBER 72772

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

Vaughn, Roy E.





June 11, 2019

PIKES PEAK REGIONAL BUILDING DEPARTMENT
2880 International Circle
Colorado Springs, CO 80910

RE: RESPONSIBLE MANAGING EMPLOYEE

To Whom It My Concern:

This letter is to inform all concerned that *Roy E. Vaughn, Sr.*, as Responsible Managing Employee (RME), is a full-time, exclusive employee of **ORR PROTECTION SYSTEMS, INC.** for this application and will represent and warrant that he is acting in the capacity of agent for the company and accepts the responsibility and the company's actions and his actions for any registration granted with this application.

ORR PROTECTION SYSTEMS, INC.

6-14-19

Authorized Signature

Dated

Ray Aldridge
Print Name and Title

President/CEO

KATHRYN Y. CARTER
NOTARY PUBLIC
STATE AT LARGE - KENTUCKY
MY COMMISSION EXPIRES 10/5/18

Client#: 810583

64ORRSAF

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 2600 Eastpoint Parkway Louisville, KY 40223 502 489-5900		CONTACT NAME: PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 866 881-2185 E-MAIL ADDRESS: CHovekamp@McGriffInsurance.com															
INSURED Orr Safety Corporation Orr Protection Systems, Inc. P.O. Box 198029 Louisville, KY 40259-8029		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company of IL</td> <td>27855</td> </tr> <tr> <td>INSURER B : National Surety Corporation</td> <td>21881</td> </tr> <tr> <td>INSURER C : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER D : Houston Casualty Company</td> <td>42374</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company of IL	27855	INSURER B : National Surety Corporation	21881	INSURER C : American Zurich Insurance Company	40142	INSURER D : Houston Casualty Company	42374	INSURER E :		INSURER F :	
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INSURER C : American Zurich Insurance Company	40142																
INSURER D : Houston Casualty Company	42374																
INSURER E :																	
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		GLO038143104	07/01/2019	07/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BAP038143204	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		SUO00049128515	07/01/2019	07/01/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC038143004	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liability		HCC1966846	07/01/2019	07/01/2020	\$5,000,000 Limit \$35,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Pikes Peak Regional Building
 Department
 2880 International Circle
 Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Orr Protection Systems, Inc

is an entity formed or registered under the law of Kentucky has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20061165415 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 05/28/2019 that have been posted, and by documents delivered to this office
electronically through 05/29/2019 @ 15:45:34 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 05/29/2019 @ 15:45:34 in accordance with applicable law.
This certificate is assigned Confirmation Number 11601567 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



15508 East 19th Ave. Unit A • Aurora, CO 80011 • Phone: 303-367-2464 • Fax: 303-317-8926
"A Fire and Life Safety Company"

August 20, 2019

ORR Protection Systems, Inc.
12354 E. Caley Ave., Unit 105
Centennial, CO 80111

RE: Hydrostatic Testing Services

To Whom It May Concern:

Fire Safety Services, LLC is pleased to provide Hydrostatic Testing Services on behalf of ORR Protection Systems, Inc. at 12354 E. Caley Ave, Unit 105, Centennial, CO 80111.

Fire Safety Services, LLC is an approved cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR) as required by the U.S. Department of Transportation, Hazardous Materials Safety Administration.

Our Requalifier Identification Number (RIN) of H852 is issued to our facility located at 362 S. Navajo Street, Denver, CO 80223. This number applies to this location and is valid until renewed on or before March 06, 2020.

Thank you for this opportunity. Should you have any questions, comments, or need additional information, please contact our office at 303-367-2464.

Sincerely,

FIRE SAFETY SERVICES, LLC




Kristin Shanley
Office Manager



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

8/27/2019 3:33:26 PM

(SABRINA)

Receipt #: 1625563

Customer: ORR PROTECTION SYSTEMS, INC

Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00

Total Due: \$100.00

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	724652	\$100.00

Total Tendered: \$100.00

Comment:

I agree to pay above total amount according to card issuer agreement.

114

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 1550 Marlborough Ave. Riverside, CA 92507

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$252,223 Date: May 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm & Fire Suppression Systems in Expansion Building

2. Project Street Address: 2801 Warner Ave. Irvine, CA 92606

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$46,725 Date: June 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm system to upgrade existing system

3. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$118,750 Date: Mar 2018 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm & CO2 system for combustion turbine.

4. Project Street Address: 111 Peters Canyon Rd. Irvine CA 92606

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$466,214 Date: Feb 2019 Your position: Contractor

Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System

5. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$257,400 Date: Dec 2019 Your position: Contractor

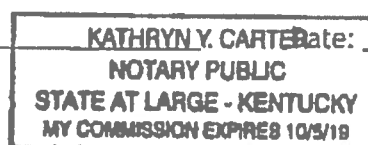
Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System CO2 in two combustion turbines

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Ray Aldridge

Signature: _____

Ray Aldridge



Roy Vaughn, SET

Senior Designer

11601 Interchange Drive
Louisville, KY 40229

502-244-4530

rvaughn@orrprotection.com

SUMMARY

Experienced fire suppression and fire alarm designer. Grew up in the fire protection business and have touched all aspects including service and installation of systems, project management, sales and quoting, and system design and commissioning.

EDUCATION

Louisville Technical Institute,
Louisville KY
AS in Architectural Engineering
Technology

EXPERIENCE

1978 – 2019

Senior Designer • ORR Protection Systems, Inc.

Deeply experienced member at ORR Protection. Started board drafting Halon system installations. Today I design the largest air sampling and clean agent system projects at ORR using cutting-edge tools and methods. I've seen multiple generations of equipment move through the industry. I helped established fire protection standards that many telecommunication companies use today across the world to protect the public communication network.

KEY SKILLS

Clean Agent System Design
Fire Alarm System Design
Air Sampling Smoke Detection
Systems
Suppression Detection and
Control Systems
Report Writing

CREDENTIALS

NICET Certifications
Water-Based Systems Layout, Level I
Special Hazards Suppression Systems, Level: II
Special Hazards Systems Layout, Level IV
Fire Alarm Systems, Level IV

SYSTEM MANUFACTURER TRAINING

Ansul Sapphire and FM-200 Clean Agent Systems
Fike Ecaro-25 Clean Agent Systems
Kidde FM200 and NOVEC 1230 Clean Agent Systems
SEVO Systems NOVEC 1230 Clean Agent Systems



Certificate of Training

The trainee spent 6 hours over the course of 1 day covering the following topics:

1. 3M™ Novec™ 1230 Fire Protection Fluid
2. SEVO™ 1230 System Hardware
3. Hydraulic Flow Calculations

This will certify that

Roy Vaughn
Orr Protection

USA



has completed Certification training for
SEVO™ Systems using
3M™ Novec™ 1230 Fire Protection Fluid

Oct 31, 2018

Date

Jon Flamm
MANAGING DIRECTOR

SEVO Systems, Inc.
Company Seal
SEVO SYSTEMS
14335 W 97th Terrace
Lenexa, KS 66215
Kansas

Training Level IV



August 30, 2019

Chip Taylor, PE
Fire Protection Engineer I
Colorado Springs Fire Department
2880 International Circle, Suite 200-7
Colorado Springs, CO 80910

Dear Mr. Taylor:

RE: Colorado Springs FSC License Application for ORR Protection

The ORR Protection location in Centennial, CO has the necessary equipment to test, inspect, and install pre-engineered fire suppression systems and portable fire extinguishers.

Please contact our office leader, Charlie Monk, at 720-682-8258 if you have any further questions about the equipment.

Sincerely,

Lee Kaiser, PE
Vice President of Engineering and Training
lkaiser@orrprotection.com



Certificate of Completion

This is to certify that

Roy Vaughn

an employee of

Orr Protection Systems

has successfully completed

ECARO-25 Recertification

This certification is valid for 2 years from
this date: **2019-07-10**

my Fike

Instructor(s)

© 2018 FIKE CORPORATION 704 SW 10TH STREET BLUE SPRINGS, MO 64015

191336



FIRESAF-02

KIMT01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112	CONTACT NAME: Vicki Sullivan	
	PHONE (A/C, No, Ext): (303) 872-1926	FAX (A/C, No):
INSURED Fire Safety Services, LLC 15508 19th Avenue Unit A Aurora, CO 80011	E-MAIL ADDRESS: vsullivan@wilsonins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Crum and Forster Ins. Co.	
	INSURER B: Philadelphia Insurance Co.	
	INSURER C: Pinnacol Assurance	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO583560	6/1/2019	6/1/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							PROFESSIONAL LI	\$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1989191	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4148417	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Regarding Operations: Fire Suppression installation, service or repair and Fire Extinguisher servicing, refilling or testing

CERTIFICATE HOLDER

CANCELLATION

Pikes Peak Regional Building Dept
2880 International Circle
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SE 8-28-2019 sent to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: BLAZE FIRE SAFETY

PRINCIPAL: DANIEL BLACK

LICENSE HOLDER: DANIEL BLACK

RME: DANIEL BLACK

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 8/30/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	08/28/2018
CRIMINAL BACKGROUND CHECK	SABRINA	08/28/2019
SENT TO FIRE	SABRINA	08/28/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/30/19

COMMENTS:

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor/Dealer – C

- ☒ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☒ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☒ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☒ Certificate of Liability and Workers' Compensation insurance.

Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – H

- ☐ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

Fire Alarm Contractors – A

- ☐ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Alarm Contractors – B

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 8-27-2010
Initial SE
Receipt # 1625551
RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☐ FSC-B ☒ FSC-C ☐ FSC-D ☐ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Blaze Fire Safety

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 84-2745900

Business Address: PO Box 143

Street Address

Apartment/Unit #

Peyton

Co

80831-0143

City

State

ZIP Code

Business Phone: 719-352-1161

Business Email: dblack@blazefiresafety.com

Business Fax: _____

Business Website: blazefiresafety.com

Company's Principal Officers, Partners, or Owners

Name: Daniel Black

Title: Owner

Name: Kamira Black

Title: Owner

Name: _____

Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") new

2. What is the company's area of specialties? extinguishers/emergency lighting/backflow preventers.

Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: ~~this company has no work history.~~ Marzo. 1100 Hadem Pl.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$400.- Date: 2008-2013^{Apr} Your position: Service Technician

Describe Job in detail: Conducted monthly & Annual fire extinguisher inspections.

2. Project Street Address: Woodford Manufacturing. 2121 Waynoka Rd.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$100.- Date: 2006-2013^{Apr} Your position: Service Technician

Describe Job in detail: Conducted monthly & Annual Fire extinguisher Inspections.

3. Project Street Address: Cintas Fire Protection 880 Elksen Dr.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: _____ Date: 2013-2019^{Apr Aug} Your position: Service Manager

Describe Job in detail: Conducted the majority of extinguisher inspections & extinguish maintenance of walk in customers at Cintas Fire Protection, Colorado Springs

4. Project Street Address: Adventure Logistics - Charter Oak Ranch Road.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: _____ Date: June/2013 Your position: Service Technician

Describe Job in detail: Conducted Annual Fire Extinguisher inspection & maintenance.

5. Project Street Address: Courtesy Fire Extinguisher Service 12781 Western Ave.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: _____ Date: 2000 - 2004^{Nov Feb} Your position: Service Technician

Describe Job in detail: Conducted a/l shop work such as Hydro Test, Clean Agent Reclaim Maintenance.

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Daniel Black owner

Signature: Daniel Black Date: 8.27.19

Responsible Managing Employee (RME) Information

Legal Name: Black Daniel C
Last First M.I.

Date of Birth: 12/20/1971 Social Security Number: [REDACTED]

Address: 11335 Arshad Dr
Street Address Apartment/Unit #

Calhan Co 80808
City State ZIP Code

Phone: 719-352-1161 Fax: Email: dblack@blazefiresafety.com

1. What is your area of expertise in the industry? extinguishers/alarms/sprinklers/hydrants.
2. How long have you worked in the industry? 20 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
114691	III water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Courtesy Fire Extinguisher	Service Technician	Feb 2004	Nov 2000
Clintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Clintas Fire Protection	Service Manager	Apr 2013 - Aug 2019	Aug 2019 - Apr 2013

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Daniel Black Owner

Signature of (RME): [Signature] Date: 8.27.19

Licensee Information

Legal Name: Black Daniel C
Last *First* *M.I.*

Date of Birth: 12/20/1971 Social Security Number: 572-99-5904

Address: 11335 Arshad Dr
Street Address *Apartment/Unit #*

Calhan Co 80808
City *State* *ZIP Code*

Phone: 719-352-1161 Fax: _____ Email: dblack@blazefiresafety.com

1. What is your area of expertise in the industry? extinguishers/alarms/sprinklers/hydrants.
2. How long have you worked in the industry? 20 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
11461	III Water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Courtesy Fire Extinguish.	Service Technician	Feb 2004	Nov 2000
Cintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Cintas Fire Protection	Service Manager	Apr 2013 Aug 2019	Aug 2019 Apr 2013

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Daniel Black owner

Signature of (Licensee): *Daniel Black* Date: 8.27.19



SA21383

Expires: 2/21 KHFE2
12/19 CTFH2

Daniel Black
Cintas Fire Protection

CSA

FIRE PROTECTION
CONTRACTOR

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Alarm Installer

Expires: 31-Oct-2019

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Installer

Expires: 28-Feb-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Hydrant Technician

Expires: 31-Jan-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression B Technician

Expires: 31-Mar-2020

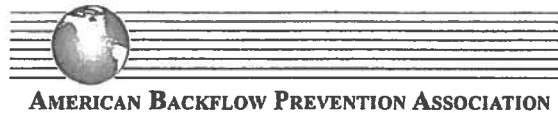
NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®



Daniel C Black

FIRE ALARM SYSTEMS/II
INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III

CERT NO. 114691 VALID THRU 10/01/2020



10/27/2018 6-305 10/27/2021
Backflow Prevention Assembly Tester
Daniel Black
11335 Arshad Dr
Calhan, CO 80808

Michael C. Allen

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808.

719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 – AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 – APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 – FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

Blaze Fire Safety LLC
PO Box 143
Peyton Co 80831-0143
719-600-7849

To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner *Daniel Black 8.27.19*

Kamira Black, owner *Kce 8-27-19*



Colorado Compressed Gases, Inc.

3975 Interpark Drive, Colorado Springs, CO 80907

Local Phone: 719-592-0333 Fax: 719-592-0334

To whom it may concern,

Blaze Fire Safety has agreed to use Colorado Compressed Gases (CCG), Inc. services to requalify (hydro test) cylinders, to include fire extinguishers. The following are CCG'S credentials;

This is to inform you that The Office of Hazardous Materials Special Permits has approved CCG, Inc. as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). CCG, Inc has been issued a requalifiers identification number (RIN) H121.

In addition, Colorado Compressed gases, Inc. is currently covered by Ace American Insurance for liability insurance for 1,000,000

If there is any other information you need, please feel free to call us.

Sincerely,

Mark Evans
General Manager
719-592-0333



Fire Protection Competency

Daniel Black

Has successfully passed a proctored competency exam for
***Commercial Kitchen Hood Installation /
Service & Fire Extinguishers***

2/2/2018

Taken

Authorized

2/28/2021

Expires

Compliance Services and Assessments, LC

www.CSAexams.com

CSA has evaluated the named individual in the written application of code requirements, including selection, distribution, operation, inspection, testing, theory, and extinguisher characteristics as outlined by NFPA Standard 10.

COLORADO VEHICLE REGISTRATION

L0025432461

Vehicle Type	Vehicle Id	Plate	Tab	Expire
Passenger	1FTYR2CM4JKA93064	1282108		10/21/2019

Year	Make	Model	Fuel Type	Body Style
2018	FORD	TRANSIT	Ethanol / Gas	PV

Color	Empty Weight	GVW	GVWR	GVWR HIGH	Bus Type	Title Number
WHITE						Not Issued

Purchase Date	Fleet Number	Unit Number	HVUT	Carrier	Miles	Emission Expire
---------------	--------------	-------------	------	---------	-------	-----------------

Registered Owner/Address

BLAZE FIRE SAFETY LLC
11335 ARSHAD DR
CALHAN CO 80808-9535

Dual Registration Type

Dual Id Dual Expire

Dealer

22-Aug-2019



Total Fees

0.00

GETZ FIRE EQUIPMENT**INVOICE**

1615 S.W. Adams St
PEORIA, IL 61602

Ship To: BLAZE FIRE SAFETY
11335 ARSHAD DR
CALHAN, CO 80808

Invoice Number: IQ10-00597
Ordered By: Daniel Black
Date: 8/22/2019
Page: 1
P.O. Number: CC5079-042105
Job Number:
Vendor ID#:

ST: 1007

Account Number: 63249-00

Sold To: BLAZE FIRE SAFETY
PO BOX 143
PEYTON, CO 80831

Account Number: 63249

Quantity	Item No.	Description	Tax	Unit Price	Total Price
1	3G0168	TRANSIT VAN PACKAGE W/150LB PLASTIC		4,795.00	4,795.00
1	3G0009	ADAPTERS RECHARGE SET OF 10		195.00	195.00
1	3G58981	HYDROTEST SYSTEM HAND PUMP		2,300.00	2,300.00
1	4G0135	HYDROTEST ADAPTERS SET OF 6		495.00	495.00
1	3G0101	DRYER CYLINDER COMPACT		595.00	595.00
1	80043	FREIGHT CHARGE		562.80	562.80

Subtotal: \$8,942.80

Sales Tax: \$0.00

Total: \$8,942.80

THANKS FOR YOUR BUSINESS...

For complete terms and conditions, visit our web-site

TERMS: Credit Card Payment Only * WE ACCEPT MASTERCARD/VISA FOR PAYMENT.

A finance charge of 2% per month (24% annually) or the maximum allowable by law or whichever is less will be charged on all past due accounts over 30 days.

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

Protecting life and property is priority one.

Visit our website to pay by Credit Card or E-Check

www.getzfire.com

SOLD TO:

BLAZE FIRE SAFETY
PO BOX 143
PEYTON, CO 80831

REMIT TO

Getz Fire Equipment
P.O. Box 419
PEORIA, IL 61651-0419

Account Number: 63249

Due Date: 8/22/2019

Invoice Number: IQ10-00597 Amount Due: 8,942.80

135

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	CONTACT NAME: American Family Insurance - Business Insurance	
	PHONE (A/C, No, Ext): 866-908-0626	FAX (A/C, No):
	E-MAIL ADDRESS: service@amfambusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Midvale Indemnity Company	27138
INSURED BLAZE FIRE SAFETY LLC 11336 ARSHAD DR CALHAN CO 80808	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER: 1419494024369216483160901 REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	GLP1053929	09/01/2019	09/01/2020	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER.							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>							
	(Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
	PROFESSIONAL LIABILITY						E.L. DISEASE - POLICY LIMIT	
							OCCURRENCE	
							AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Inspection and Appraisal Services

CERTIFICATE HOLDER

BLAZE FIRE SAFETY LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	X 3 APP FE	\$150.00

Total Due: \$150.00

Payment Summary				
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card		724641	\$150.00

Total Tendered: \$150.00

Comment: DANIEL BLACK

I agree to pay above total amount according to card issuer agreement.

138

Blaze Fire Safety
PO Box 143
Peyton Co 80831-0143
719-600-7849



To whom it may concern,

This letter is to inform that Blaze Fire Safety has all the necessary equipment to perform inspections, recharge, 6-year maintenance and low-pressure hydrostatic testing on all types of portable fire extinguishers. All high pressure or DOT Hydrotesting shall be performed by Colorado Compressed Gas located at 3975 Interpark Dr Colorado Springs Co 80907.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner

 8-29-19
 8-29-19



COLORADO
Department of
Labor and Employment
Division of Workers' Compensation

Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as corporate officers, members of an LLC who are also at least 10% owners of the business and participate in the daily operations and/or management of the business.

Disclaimer

The information provided here is from data submitted to the Colorado Division of Workers' Compensation (DOWC). There may be errors and/or discrepancies with this information due to causes outside the control of the DOWC. Therefore, DOWC does not guarantee the accuracy of this information. If your search does not produce a result, this does not necessarily mean that a rejection of coverage has not been filed. Rejection forms received by DOWC become effective the day after all required information is received, but processing may take several days. For additional information or assistance with verifying rejection of Workers' Compensation coverage, please contact Customer Service at (303) 318 6700 in the metro area or (888) 390 7936.

Search Terms

Enter a full or partial legal name or trade name of the business you are seeking in the appropriate box below

Business Legal Name	<input type="text" value="blaze fire safety"/>	<input type="button" value="Search"/>
Business Trade Name	<input type="text"/>	<input type="button" value="Clear"/>

Selected Employers - Click on the Blue Triangle to See Search Results

Business Legal Name	Business Trade Name
Blaze Fire Safety LLC	

Last Name	First Name	Middle Name	Date Rejection Rec'd	Date Rescind Rec'd
Black	Kamira	Dawn	8/22/2019	
Black	Daniel	Carlton	8/22/2019	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Moody Insurance Agency, Inc. 8055 East Tufts Avenue Suite 1000 Denver CO 80237		CONTACT NAME: Christine Walker, CISR, CRIS PHONE (A/C, No, Ext): (303) 824-6600 FAX (A/C, No): (303) 370-0118 E-MAIL ADDRESS: christine.walker@moodyins.com													
INSURED DME Solutions, Inc. DBA: Colorado Compressed Gases 3975 Interpark Dr Colorado Springs CO 80907		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Indemnity Ins Co of North America</td><td>NAIC # 43575</td></tr><tr><td>INSURER B: ACE American Insurance Co</td><td>22667</td></tr><tr><td>INSURER C: Pinnacle Assurance</td><td>41190</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Indemnity Ins Co of North America	NAIC # 43575	INSURER B: ACE American Insurance Co	22667	INSURER C: Pinnacle Assurance	41190	INSURER D:		INSURER E:		INSURER F:	
INSURER A: Indemnity Ins Co of North America	NAIC # 43575														
INSURER B: ACE American Insurance Co	22667														
INSURER C: Pinnacle Assurance	41190														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 19-20 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			MCRD37719705	06/01/2019	06/01/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
	EACH OCCURRENCE	\$ 1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CALH08518324	06/01/2019	06/01/2020	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			4188600	06/01/2019	06/01/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E L. EACH ACCIDENT	\$ 1,000,000	E L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christine Walker

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SE 8-28-2019 sent to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: BLAZE FIRE SAFETY

PRINCIPAL: DANIEL BLACK

LICENSE HOLDER: DANIEL BLACK

RME: DANIEL BLACK

RECOMMEND:

☐ APPROVAL

☐ DISAPPROVAL

DATE

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

PPRBD INFORMATION	NAME	DATE
RECEIVED BY PPRBD	SABRINA	08/28/2018
CRIMINAL BACKGROUND CHECK	SABRINA	08/28/2019
SENT TO FIRE	SABRINA	08/28/2019

DEPARTMENT	NAME	DATE
CSFD	Chip Taylor	8/29/19

COMMENTS:

Danie Black is moving his B-D-H FSC-H license form Cintas (17669) to new Company

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor – A

- ☐ RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – B

- ☐ Letter of commitment stating minimum equipment requirements are met for portable/fixed systems.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 3 years applicable work experience
- ☐ Certification from at least one manufacturer of special hazard systems that the applicant markets.
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor/Dealer – C

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Commercial, Industrial, or Institutional Non-Contractor/Dealer – D

- ☐ Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers.
- ☐ Documentation showing the RME qualifications and at least 2 years applicable work experience
- ☐ Certificate of Liability and Workers' Compensation insurance.

Fire Suppression Contractor – M

- ☐ RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience.
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Suppression Contractor – H

- ☒ Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants.
- ☒ Certificate of Liability and Workers' Compensation insurance.
- ☒ Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.

Fire Alarm Contractors – A

- ☐ RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Fire Alarm Contractors – B

- ☐ RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE
- ☐ Certificate of Liability and Workers' Compensation insurance.
- ☐ Documentation of minimum 5 years work experience.

Suppression Installer

- ☐ Satisfactory completion of the ASCR2 exam every 3 years.
- ☐ Minimum of 2 years work experience in fire sprinklers/standpipes.

Suppression Installer Limited

- ☐ Satisfactory completion of the ASD2 exam every 3 years.
- ☐ Minimum of two years' work experience in single-family multipurpose fire sprinkler systems.
- ☐ State of Colorado Plumber license

Service Technician - B

- ☐ Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate)

Service Technician – C

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Service Technician - D

- ☐ Satisfactory completion of the FEX exam every 3 years.
- ☐ Minimum 2 years' experience OR factory training (include copy of certificate).

Fire Hydrant Technician

- ☐ Satisfactory completion of the CTFH2 exam every 3 years.
- ☐ Minimum 2 years' experience.

Fire Alarm On-Site Installer

- ☐ Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
- ☐ Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 8-27-2019
Initial SC
Receipt # 1625557
RBD # _____

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☐ FSC-B ☐ FSC-C ☐ FSC-D ☒ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Blaze Fire Safety

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 84-2745900

Business Address: PO Box 143

Street Address

Apartment/Unit #

Peyton

Co

80831-0143

City

State

ZIP Code

Business Phone: 719-352-1161

Business Email: dblack@blazefiresafety.com

Business Fax: _____

Business Website: blazefiresafety.com

Company's Principal Officers, Partners, or Owners

Name: Daniel Black Title: Owner

Name: Kamira Black Title: Owner

Name: _____ Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") new

2. What is the company's area of specialties? extinguishers/emergency lighting/backflow preventers.

Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: ~~this company has no work history.~~ Holiday Inn Express
1815 Aero Plaza Dr.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 180.- Date: June/2019 Your position: Service Manager

Describe Job in detail: Assisted with Annual Fire Hydrant Flow Test.

2. Project Street Address: USOC Training Center. 1 Olympic Plaza.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1000.- Date: June/2019 Your position: Service Manager

Describe Job in detail: Assisted with annual fire hydrant flow test.

3. Project Street Address: Town Place Suites. 1530 N. Newport Dr

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 100.- Date: May 2012 Your position: Service Technician

Describe Job in detail: Conducted annual fire hydrant flow test

4. Project Street Address: Springhill Suites 1570 N. Newport Dr

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 100.- Date: May 2012 Your position: Service Technician

Describe Job in detail: Conducted annual fire hydrant flow test.

5. Project Street Address: City of Pueblo - Waste Water Plant

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 300.- Date: Aug-2012 Your position: Service Technician

Describe Job in detail: Conducted annual fire hydrant flow test.

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Daniel Black owner

Signature: Daniel Black Date: 8.27.19

Responsible Managing Employee (RME) Information

Legal Name: Black Daniel C
Last First M.I.

Date of Birth: 12/20/1971 Social Security Number: [REDACTED]

Address: 11335 Arshad Dr

Street Address	Apartment/Unit #

Calhan	Co	80808
City	State	ZIP Code

Phone: 719-352-1161 Fax: Email: dblack@blazefiresafety.com

1. What is your area of expertise in the industry? extinguishers/alarms/sprinklers/hydrants.

2. How long have you worked in the industry? 20 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
114691	III water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Company	Position	To	From
Courtesy Fire Extinguishers	Service Technician	Feb 2004	Nov 2000
Cintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Cintas Fire Protection	Service Manager	Apr 2019	Apr 2013

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Daniel Black Owner

Signature of (RME): *Donald V. Black* Date: 8.27.19

Licensee Information

Legal Name: Black Daniel C
Last First M.I.

Date of Birth: 12/20/1971 Social Security Number: [REDACTED]

Address: 11335 Arshad Dr
Street Address Apartment/Unit #

Calhan Co 80808
City State ZIP Code

Phone: 719-352-1161 Fax: _____ Email: dblack@blazefiresafety.com

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2. How long have you worked in the industry? 20 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
11461	III Water Based/ II Alarm	Oct 1st 2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Courtesy Fire Extinguish	Service Technician	Feb 2004	Nov 2000
Cintas Fire Protection	Service Technician	Apr 2013	Aug 2004
Cintas Fire Protection	Service Manager	Apr 2013 Aug 2019	Aug 2019 Apr 2013

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Daniel Black owner

Signature of (Licensee):  Date: 8.27.19

column



SA21383

Expires: 2/21 KHFE2
12/19 CTFH2

Daniel Black
Cintas Fire Protection

CSA

FIRE PROTECTION
CONTRACTOR

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Alarm Installer

Expires: 31-Oct-2019

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Installer

Expires: 28-Feb-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression Hydrant Technician

Expires: 31-Jan-2020

Pikes Peak
REGIONAL
Building Department

THIS IS TO CERTIFY THAT
DANIEL CARLTON BLACK
IS A LICENSED (ID# 10302)
Fire Suppression B Technician

Expires: 31-Mar-2020

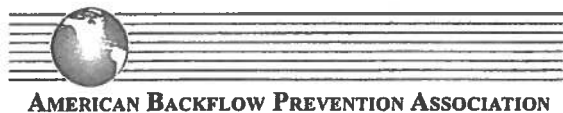
NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®

Daniel C Black

FIRE ALARM SYSTEMS/II
INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III



CERT NO. 114691 VALID THRU 10/01/2020



10/27/2018 6-305 10/27/2021
Backflow Prevention Assembly Tester
Daniel Black
11335 Arshad Dr
Calhan, CO 80808

Michael C. Adler



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Daniel C Black

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY
INSPECTION AND TESTING OF WATER-BASED SYSTEMS

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 114691

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



Fire Protection Competency

Daniel Black

Has successfully passed a proctored competency exam for
Confidence Testing - Fire Hydrants

12/9/2016
Taken

Authorized

12/31/2019
Expires

Compliance Services and Assessments, LC

www.CSAexams.com

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808.

719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 – AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 – APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 – FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	CONTACT NAME: American Family Insurance - Business Insurance	
	PHONE (A/C, No, Ext): 866-908-0626	FAX (A/C, No):
	E-MAIL ADDRESS: service@amfambusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Midvale Indemnity Company	27138
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1419494024369216483160901** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	GLP1053929	09/01/2019	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					E.L. EACH ACCIDENT
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Inspection and Appraisal Services

CERTIFICATE HOLDER

BLAZE FIRE SAFETY LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Blaze Fire Safety LLC
PO Box 143
Peyton Co 80831-0143
719-600-7849



To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner

 8.27.19
 8-27-19



COLORADO
Department of
Labor and Employment
Division of Workers' Compensation

Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as corporate officers, members of an LLC who are also at least 10% owners of the business and participate in the daily operations and/or management of the business.

Disclaimer

The information provided here is from data submitted to the Colorado Division of Workers' Compensation (DOWC). There may be errors and/or discrepancies with this information due to causes outside the control of the DOWC. Therefore, DOWC does not guarantee the accuracy of this information. If your search does not produce a result, this does not necessarily mean that a rejection of coverage has not been filed. Rejection forms received by DOWC become effective the day after all required information is received, but processing may take several days.

For additional information or assistance with verifying rejection of Workers' Compensation coverage, please contact Customer Service at (303) 318-6700 in the metro area or (888) 390-7936.

Search Terms

Enter a full or partial legal name or trade name of the business you are seeking in the appropriate box below.

Business Legal Name	<input type="text" value="blaze fire safety"/>	<input type="button" value="Search"/>
Business Trade Name	<input type="text"/>	<input type="button" value="Clear"/>

Selected Employers - Click on the Blue Triangle to See Search Results

Business Legal Name	Business Trade Name
 Blaze Fire Safety LLC	




Rejection for: Blaze Fire Safety LLC				
Last Name	First Name	Middle Name	Date Rejection Rec'd	Date Rescind Rec'd
Black	Kamira	Dawn	8/22/2019	
Black	Daniel	Carlton	8/22/2019	



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	X 3 APP FE	\$150.00

Total Due: \$150.00

Payment Summary				
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card		724641	\$150.00

Total Tendered: \$150.00

Comment: DANIEL BLACK

I agree to pay above total amount according to card issuer agreement.

159

Blaze Fire Safety
PO Box 143
Peyton Co 80831-0143
719-600-7849


To whom it may concern,

This letter is to inform that Blaze Fire Safety has all the necessary equipment to perform inspections and flow test of fire hydrants.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner

 8-29-19
 8-29-19